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Vol. XVII. No. 1

THE CANADIAN NURSE AND HOSPITAL REVIEW

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	Page
The Challenge of the Future	5
Lecture on The History of Nursing	11
A Laywoman's View of the Private Duty Nurse	19
International Nursing Students	25
Editorial	28
Canadian Nurses' Association	28
Letters to the Editor	29
News from the Medical World	30
Public Health Nursing Department	32
Department of Nursing Education	34
The World's Pulse	37
Canadian Army Medical Nursing Service Department	39
Hospitals and Nurses	45

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Challenge of the Future

By ETHEL JOHNS

Director of Nursing, Vancouver General Hospital

Read at the C.N.A.T.N. Convention, July, 1920

I feel that I owe an apology to the private nurses of this association for presuming to speak on a subject concerning which I have had little practical experience; but I can, at least, claim to have been a private nurse. For about a year I did private duty, and during that time I learned much that has been of untold value to me since. More conceit was knocked out of me during those brief months than I could have believed possible; for, if the sad truth must be told, I was not precisely a shining success. Never shall I forget the sinking feeling which became apparent in my epigastric region when I climbed the steps of a strange house, with my suitcase in my hand. I can yet feel upon me the gimlet eye of the maid who admitted me, and who, I knew instinctively, resolved to hand in her notice that very day. I can hear yet the carping criticism of the maternal grandmother concerning my ideas on infant welfare. I can remember the broken nights, and the exhausting days. But there was another side to it. There was the night that one showed a proud young father his first-born son;

there was the night when one came to know what the word "comfort" meant, "*to be strong with,*" to go down into the "valley of the shadow," until at last the kind, strong hand that had been the breadwinner for the little family grew cold in yours. Oh! I would not have missed that year, with all its failures. It is no light thing to hold the cup of life and death to the lips of others, even though you taste not of it yourself.

The very soul of nursing is private duty; and yet, and yet—why is it that so many, like myself, cannot satisfy themselves with it?

Last winter a course of lectures, entitled "The Field of Modern Nursing," was given to the graduating class of the hospital with which I am connected. One question of the subsequent examination was as follows:

"Which of the fields now open to nurses appeals to you most at present, and why?"

Of the fifty-three who took the examination, thirty chose public health, infant welfare or social service; ten chose surgery; three chose the mission field; five wished to be staff nurses in hospitals, "and perhaps help to teach pupils." (I have my eye on them.) One bold soul wanted to be a superintendent, "when I have a little more experience." (She is worth watching, too.) And seven thought they would like to do special nursing; one making the following naive condition, "especially in the hospital, because everything is so convenient there."

These results were so startling, that a further enquiry was conducted. I am afraid a certain percentage of those who chose public health, in their hearts agreed with the youngster who solemnly assured me "that it was so nice to get your Saturday afternoons and Sundays and *all* the holidays." But there was another answer which was rather touching: "I would like to do public health work, because then I could care for the poor, and I could not do that if I were a special nurse, because the poor can't afford their fees and *I* can't afford to work for less than a living wage." I rather think this girl summed up the situation. We will refer to her later. Another pupil said she preferred not to enter private nursing, "because it doesn't lead anywhere—you just go on year after year till you are old"; and a third struck a new note with this statement, "I think I would like private nursing if I could be very good in some special branch of it and only take difficult cases." Out of the mouths of these babes and sucklings comes one "Challenge of the Future." These children are thinking to some purpose.

A more sinister challenge comes from other quarters. A growing discontent is making itself felt in Canada and in the United States with respect to nurses in general, and private nurses in particular. This discontent is voiced loudly and specifically by some members of the medical profession, and it is voiced just as loudly but less specifically by the laity. There is no use blinking the facts. People of moderate means cannot at present obtain adequate, continuous trained nursing care. No

middle-class family can employ for more than a short time a graduate nurse for day duty and another for night duty at a total expense for salaries alone of seventy dollars per week. The medical profession and the laity alike know that this fact is true, and, unfortunately and very unjustly, they lay the blame for it on the shoulders of the graduate nurse. They do not stop to consider the facts of the case. These may be summed up as follows:

(a) The wage of the private nurse is not unduly high, considering her long period of training and the fact that she cannot work continuously.

(b) The former system of twenty-four-hour duty was detrimental to the nurse and to the patient she cared for. No woman should be expected to perform more than twelve hours of difficult and exacting work per day as a routine practice.

That, in a nutshell, is the case for the private duty nurse. But now that it is stated, the fact remains:

Persons of moderate means are not able to afford nursing service. That is the challenge of the future. How is that challenge being answered, and by whom? It is being answered by the doctors and the laity, who insist that one of two things be done: that either the nurses lower their fees and accept twenty-four-hour duty, or that a cheaper class of nursing attendance be instituted forthwith. How is it being answered by the private duty nurse? It is not being answered at all. Some actively oppose the introduction of attendants; many refuse, and rightly, to attempt the impossibility of accepting less than a living wage and of working impossible hours. My quarrel with the private duty nurses is this: As a group they are usually inarticulate, unless it is a question of raising fees or reducing hours. Not that they should be blamed for doing either, or both, when it becomes just and necessary; but, in addition, they should take their part in formulating a constructive programme which will help solve the burning question of how people of moderate means are to be cared for when they are ill. Not for a moment would I suggest that the economic burden should be laid upon the shoulders of the private nurses; but surely leaders could be developed from among them who would face this issue squarely, and would make constructive suggestions to the medical profession and to the laity as to some compromise that would be fair to all. One thing is certain—the middle-class wants continuous nursing care in the home, and it is going to get it, either with the help and co-operation of the private duty nurse or without it. Would it not be possible for the private duty nurses to appoint representatives to meet with local medical associations and to explain their position? Could not groups of organized women be brought to realize by private nurses the real difficulties of the situation? No real, sane, business-like conference has yet been held between all the parties interested; no convincing propaganda has

been disseminated. What are the possibilities of insurance against sickness in this connection? It is possible to provide by this means continuous nursing care for self-respecting men and women who are not asking for charity? The Government might spend money less wisely than by inaugurating such a plan. Have private nurses, as a group, concerned themselves with these things or tried to educate the public or themselves concerning them?

In spite of some recent disillusionizing experiences, I decline to acknowledge that nursing is hopelessly commercialized. I still feel that the spirit of the pupil who said, "I would like to nurse in the homes of the poor if I could afford to," is reflected in the hearts of many private nurses to-day. I will go further. I am sure that there are women in this room capable of organizing, training and supervising attendants, and, by so doing, entering upon a broader field of usefulness, who are now wasting their powers looking after convalescent cases who would get along just as well with a less skilled service.

Do not misunderstand me. I am not belittling the importance of skilled nursing care in acute cases for one moment; but I entirely agree with the pupil who said she would like to be a specialist and nurse difficult cases all the time.

Surely it is not impossible that some day the time will come when sick people, during the acute stages of their illness, shall be cared for by highly skilled women working reasonable hours for a fair wage, and, when the stage of convalescence ensues, they shall transfer these patients to the care of properly licensed attendants, duly supervised by graduate nurses. It stands to reason that women possessing high technical skill should be suitably paid; and it has always seemed to me an anomaly that private nurses' fees are usually all the same, regardless of experience, special training, or unusual skill.

It is freely acknowledged that the question of attendants is a most thorny problem. The recent defeat of the amendments to the Manitoba Nurses' Registration Act, which recommended the formation of such a group, providing they were trained and supervised by graduate nurses, is a discouraging sign. It points to the fact that the opinion is widely held that the nurses should be given no jurisdiction over these workers. That would be a very serious matter, not only for the nurses, but for the public, for it would mean the overthrow of nursing as we know it, for we could not compete against these women unless we were assured that they would not be allowed to pose as graduate nurses. The temptation for them to do this would be overwhelming, unless the strongest measures were taken to prevent it. I do not believe either the medical profession or the laity realize this fact: That the employment in large numbers of unsupervised, irresponsible attendants means the destruction of the graduate nursing force. It should be our duty to demonstrate this fact to them at every opportunity, and the private nurses could assist very materially with propaganda of this kind.

There is a question in the minds of many of you, and I will answer it before you ask it. You say to me: You are a director of nursing. Considerable criticism is levelled at you and your group. Why not clean your own doorstep first? For this reason: Some of the reaction on the part of the medical profession and the public against the private nurse is being felt very severely in our schools. There is a tendency to attribute the demand for a higher wage and shorter hours to a system of teaching, which makes nurses "above their jobs." Much of the opposition which exists to-day with regard to the higher education of nurses has its origin in the fact that nursing care in the home is so difficult to obtain. Physicians and the public accuse us of educating nurses away from nursing and rendering them unwilling to perform ordinary nursing duties. I leave it to you to say whether or not there is some truth in this accusation. They urge us to lower our standards, to give shorter courses, to do something to get nursing attendance for people who need it.

We are between the devil and the deep sea. We are asked to prepare in the same school and under the same conditions and with the same methods women for two distinct types of service—routine and highly skilled. The modern graduate nurse is trying to fill the need for both, and is not succeeding over well in either. How can she? The same educational methods cannot prepare for both. The demand for highly trained women for public health, for training school and hospital administration is overwhelming. There are on the books of Teachers College three hundred requests for women possessing special training for which there is no supply, because women capable of assuming work of this kind are content to drift along in routine work which does not develop their real powers. I will make this rash statement boldly: If trained attendants took over routine nursing duties to-morrow, the number of graduate nurses whom they would displace could be absorbed into the more difficult and highly skilled branches of nursing the next day. In private duty alone there would still be an overwhelming demand for the services of the fully trained woman. The real facts of the case would appear—that the crux of the whole situation is that it is not so much a shortage of private nurses which exists as a shortage of domestic help during illness, and that need the trained attendant would help to fill more acceptably than it is possible, in the very nature of things, for the graduate nurse to do.

The challenge of the future to the private duty nurse is just this: "Increase the borders of thy habitation and enlarge the place of thy tent." Organize among yourselves, and your leaders will appear. Educate the medical profession and the laity concerning your real attitude. Incidentally, you will learn much yourselves. Grasp every opportunity for developing a more skilful technique and a broader knowledge of the more highly specialized branches of private duty; be ready when the time comes to organize and direct an auxiliary force.

Within the last few weeks the amended New York Bill regarding Nurse Registration has been passed. This provides for licensed attendants and is very broad, so broad that one trembles. But the New York nurses are not, apparently, unduly alarmed. Is it possible that they are answering the challenge of the future with the calm statement that there is always room at the top? Something tells me that they are; and if they can so answer—why, so can we.

JUST BEFORE

Though he that, ever kind and true,
Kept stoutly step by step with you,
Your whole long, gusty lifetime through
Be gone a while before,
Be now a moment gone before,
Yet doubt not, soon the seasons shall restore
Your friend to you—

He has but turned a corner—still
He pushes on with a right good will,
Through mire and marsh, by hedge and hill,
That self-same, arduous way—
That self-same upland, hopeful way,
That you and he, through many a doubtful day,
Attempted still.

He is not dead, this friend—not dead,
But in the paths we mortals tread
Got some few trifling steps ahead,
And nearer to the end,
So that you, too, once past the bend,
Shall meet again, as face to face, this friend
You fancy dead.

Push gaily on, strong heart! the whole
You travel forward mile by mile,
He loiters with a backward smile,
Till you can overtake;
And strains his eyes to search his wake,
Or, whistling, as he sees you through the brake,
Waits on a stile.

ROBERT LOUIS STEVENSON.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE IX.

The Successors of Florence Nightingale. Great Names in the History of Medicine.*

19

The Successors of Florence Nightingale.

Authorities Consulted: Nutting and Dock, Vols. II. and III., 1907, 1919; History of British Nursing, by Susan Tooley; A Short History of Nursing, by Lavinia L. Dock and Isabel M. Stewart, 1920; The Early History of Canada, by M. Louise Meiklejohn, Montreal Medical Journal, May, 1910; History of the Toronto General Hospital, by C. K. Clarke, M.D., Wm. Briggs, 1913; Historical Sketch McGill Medical Faculty, Abbott, Montreal Medical Journal, 1902; Memorials of Agnes Elizabeth Jones, by her sister (James Nisbet & Co., London); Reminiscences of Linda Richards; Aequanimitas, Chapter XIII., by William Osler.

Remarks: Under this term may be included all leaders of modern nursing, whether graduates of the Nightingale School or not. There were training schools before the day of Miss Nightingale. First of these was the Deaconess' Institute at Kaiserwerth, established by Pastor Fliedner in 1836; then the Institution of Nursing Sisters in London, founded on the model of Kaiserwerth by Elizabeth Fry in 1840; the Nurse Society of Philadelphia, founded on the same model by the Society of Friends in that city in 1839; and last, but not least, the Sisterhood of St. John's House in London, organized, also along Kaiserwerth lines, by Sir William Bowman and others, in 1848. All these from their origin were training schools, and all, especially the last named, St. John's House, contributed their honorable quota from among their graduates to the list of pioneers in this noble work. The nursing of King's College Hospital in London was for many years conducted from St. John's House, and presents a splendid record. But the Training School of St. Thomas' Hospital, founded in June, 1860, by Florence Nightingale with the proceeds of the Nightingale Fund raised in honor of her Crimean achievement, differed from all that preceded it, and laid the corner-stone of modern nursing as an art and a profession by establishing this on a secular basis as an honor-

*Copyright, 1920.

able means of livelihood and a scientific adjunct to the physician's skill, while at the same time insisting upon the spiritual side of the life of the true nurse, and the necessity in her of a definite sense of vocation to the work, and of a religious spirit of self-consecration and an absolute self-forgetting devotion to the higher interests of the sick-room and the best welfare of the patient. This combination of principles, instilled by Miss Nightingale herself in the pupils of her school through many years of devotion, and insisted upon by her and her wonderful first matron, Mrs. Wardroper, by careful selection of candidates, strict discipline, close personal supervision, and loving nurturing care, gradually permeated the earlier schools as well, in some cases in the face of preliminary opposition and prejudice, and made them also, in their later development, an integral part of the great system of modern trained nursing, of which Florence Nightingale was undoubtedly the fountain-head and the apostle. Of great importance, too, in the consolidation of the profession along the lines she had laid down, was the plan, adopted from the first by the St. Thomas School, of training its probationers not for private duty, but to be trainers of the trained, the future heads of other great hospitals and infirmaries. This policy, one of the best instances that can be cited of Miss Nightingale's extraordinary powers of organization, sent the graduates of her school, often with a bevy of fellow-graduates under their headship, far and wide over the earth, carrying with them the system and discipline of their Alma Mater, and the gospel and impress of Miss Nightingale's teaching and inspiration, which she showered continuously upon them, individually and collectively, during the last twenty years (1872-1892) of her active life. Blockley Hospital in Philadelphia, the Toronto and Montreal General Hospitals, the Royal Infirmaries of Edinburgh and Glasgow, the St. Steven's Hospital of Dublin, and hospitals in Australia, Germany and elsewhere, owned as their first superintendent a Nightingale nurse. Most illuminating of all in this regard is the beautiful story, told with much feeling by Miss Nightingale, under the title "Una and the Lion," in Good Words (June, 1868), of Agnes Jones and the Liverpool Workhouse Infirmary. A gentle girl of wealth and position, high religious views, ardent enthusiasm, and endowed with great executive capacity, she obeyed the call that came to her from this great institution, and there, at the head of twelve Nightingale nurses, heroically initiated the great work of Workhouse Reform in England, and in three short years laid her own life on the altar of her accomplished task.

The following series of slides show some of those who blazed the trail in the profession in this and other lands:

In England

Slide 191—Mrs. Wardroper. Matron of St. Thomas' Hospital from 1853 to 1887, and first superintendent of the Nightingale Training School from its formation in 1860 until her death. Owing to the ability of her administration during the years 1853-60, the nursing department of St. Thomas' had become the best managed in London, and it was this fact that led Miss

Nightingale to select it for her training school. She was a strict disciplinarian, and a wise and sympathetic administrator.

Slide 192—Mary Crossland. Appointed "Home Sister" at St. Thomas' in 1875, fifteen years after the origin of the training school, and held this post for twenty-one years. Her special function was the training of the probationers. She had a wonderful influence upon them, and took an important part in developing a high standard of professional ethics in the St. Thomas School.

Slide 193—Agnes Elizabeth Jones (1832-1868). Pioneer of Workhouse Reform. Graduated from the St. Thomas School in 1863. In 1865 accepted the charge of the Liverpool Workhouse Infirmary, which contained 2,000 patients of vicious and degraded class, deplorably neglected under the care of pauper nurses. In three years worked a brilliant reform to cleanliness, order, and godliness, which quickly spread to similar institutions. Died suddenly, at the moment of success, of typhus fever, in February, 1868.

Slide 194—Mrs. Dacre Craven (Florence Lees). An early pupil of the Nightingale School and pioneer of district nursing in London; had an extensive preliminary post-graduate training in Berlin, Dresden, Kaiserwerth and Paris; inspected hospitals in Denmark, Holland and America; served as Surgical Sister at King's College, and was in charge of two military hospitals in the Franco-Prussian War. In 1874 was made Chairman of Committee of Enquiry of National Nursing Association, organized by St. John's Ambulance to provide nurses for the care of the sick poor, and in 1876 Superintendent-General of their new Central Home. Formulated with great success the principles followed in district nursing to-day; insisted especially on the point that district nurses must be from the class known as gentlewomen. Married, in 1880, Rev. Dacre Craven, Rector of St. Andrew's, Holborn, who became Honorary Secretary to the National Nursing Association.

Slide 195—Mrs. Bedford Fenwick (Ethel Gordon Manson). Pioneer in the work of organization and registration of nurses. Was a graduate of St. Bartholomew's Hospital, and became its matron at the age of twenty-four, and in six years organized this training school along its present lines. Married Dr. Bedford Fenwick in 1887, and began then the organization of the British Nurses' Association, which obtained its charter in 1893, and of which she is to be recognized the author. Established the British Journal of Nursing in 1902.

Slide 196—Isla Stewart. Graduated (in 1879) from the St. Thomas Hospital, and was ward sister there for some years. Succeeded Mrs. Bedford Fenwick as matron of St. Bartholomew's Hospital in 1887, and held this post twenty-one years. Founded, in 1894, the National Council of Nursing of Great Britain and Ireland, and became its first President.

In France

Slide 197—Dr. Anna Hamilton. Pioneer of the Nightingale system in France and organizer of the splendid training school at Bordeaux, called, by permission of Miss Nightingale's executors, by her name. Graduates of this school did splendid service in the war, and the erection of its new building has been adopted by the American Nurses' Association as war memorial work. She presented a remarkable thesis, at her graduation in medicine from Montpellier, on the abuses and the reforms needed in nursing in France. Soon after she accepted charge of the Bordeaux Hospital, and started a school here to train trainers; placed Catherine Elston, a brilliant graduate of the London Hospital, at its head.

In the United States

Remarks: The first attempt at trained nursing in the United States was made at the New York Hospital by Dr. Valentine Seaman in 1771. Next came the effort of the Nurse Society of Philadelphia in 1839, under Dr. Joseph Warrington (mentioned above). Then the Women's Hospital in Philadelphia opened a school for nurses in 1864. The first actual training school was inaugurated in the New England Hospital for Women by Dr. Marie Zakrzewska in 1860; this was elaborated into a complete instructional course of a year's duration along Kaiserwerth and Nightingale lines by Dr. Susan Dimock in 1872. This school differed from the Nightingale system only in the point that its nursing staff were controlled by medical women instead of by a nurse superintendent. The great Training School of Bellevue Hospital, New York, opened next in 1873, in consultation with Miss Nightingale, through Dr. Gill Wylie, and applied her system in practically all its details from the first. Under the direction of Miss Perkins, who succeeded Sister Helen in charge in 1876, and who was possessed of remarkable powers of administrative control, this school held for many years the acknowledged leadership on this continent. "She was a great general," says one who knows, speaking of Miss Perkins. "More than half the lady superintendents of America, up to ten years ago, were trained at Bellevue; among them Miss Hampton, Miss Dock, Miss Snively, Miss Darche and Miss Kimber." Two other Schools were organized in the same year with Bellevue, 1873, the Massachusetts General Hospital and the Connecticut Training School at Newhaven. The Blockley Hospital Training School of Philadelphia was also organized, in the face of immense difficulties, by Miss Alice Fisher, a graduate of St. Thomas, who died at the work. From such beginnings has spread the immense system of trained nursing in the United States, with its honorable pioneer record of regeneration and organization, and its rapidly advancing system of higher professional instruction, which is daily raising the standards of the profession to the higher levels of modern progressive medicine.

(Note:—For slides and biographical statements upon Miss Snively and Miss Livingston, see under the next section, "In Canada.")

Slide 198—Linda Richards. "The first trained nurse in America." Entered the New England Hospital for Women and Children on the day its training school was opened, and six weeks before the other four members of the pioneer class. Became Night Superintendent of Bellevue in 1873, and then Superintendent at the Massachusetts General Hospital. Organized training chools at the Boston City Hospital and the Methodist Hospital, Philadelphia, and one in Tokio, Japan. Later did post-graduate work in England and then remarkable work in the nursing of the insane. Is still alive and active to-day.

Slide 199—Sister Helen of the All Saints' Sisterhood (Miss Bowden). First Superintendent of the Training School for Nurses of Bellevue Hospital, New York. Was trained at University College Hospital, London, and, while visiting the Baltimore Branch of her Sisterhood, heard of the efforts

of Dr. Gill Wylie to organize the training school at Bellevue, and volunteered her services for it. Remained there from 1873 to 1876, and rendered a great service both to this institution and to the nursing profession.

Slide 200—Anna Maxwell. Trained at the New England Hospital for Women and Children. Co-author, with Miss Pope, of a standard text-book on Nursing, and famed for her system of training. Organizer of the St. Luke's and Presbyterian Hospital Training Schools in New York. Held the position of "Lady Trainer of Nurses" at the Montreal General Hospital for some three months, about 1884, in the time of Miss Rimmer, the last matron of that institution, before its first training school was established. She gave up the work on account of the disorderly state of the hospital.

Slide 201—Isabel Hampton Robb. Born at Welland, Canada, and educated at St. Catharines, Ontario. Trained at Bellevue Hospital. Became Superintendent of the Illinois Training School in 1888 at the age of twenty-six, and first Superintendent of Nurses and Principal of the Training School at Johns Hopkins in 1889. Was made Chairman of the Nursing Section of the Congress of Hospitals and Dispensaries of the Chicago World's Fair (1893), and assisted in the creation and evolution of the higher educational courses of Teachers College, Columbia, the American Society of Superintendents of Training Schools, and other movements. Was first President of the Association of Alumnae of the Training Schools of Canada and the United States (now the American Nurses' Association). Accomplished much in the organization of the profession. Was accidentally killed, November, 1910.

Slide 202—Isabel Hampton in 1882, when a pupil nurse at Bellevue Hospital Training School.

Slide 203—Parlor of the Bellevue Hospital Nurses' Home in 1882, showing a lesson in bandaging.

Slide 204—Adelaide Nutting. Also a Canadian. An early graduate of Johns Hopkins, and succeeded Miss Hampton in 1894 as its Superintendent. Appointed in 1907 Professor of Nursing and Health at Columbia University (Teachers' College). Possessed to an unusual degree of what may be called the historic sense, and of that insight which tends to the creation of far-seeing public-spirited ideals, and imbued with a deep enthusiasm for the elevation of the educational standards of her profession, Miss Nutting's quiet force of character has developed the activities of this most important post to a very wide field of usefulness, which surpass even the high hopes of its founders. In this work she has been ably supported and assisted by her gifted associate, Miss Isabel Stewart.

Slide 205—Lavinia L. Dock. An early graduate of Bellevue. Co-author with Miss Nutting of Volumes I. and II. of the History of Nursing and author of Volumes III. and IV. and of the shorter History just published. A prolific writer and one of the greatest forces in the advancement of the nursing profession to-day.

Slide 206—Lillian D. Wald. Graduated from the New York Hospital in 1892. On her entrance to the school in 1889 was a probationer under Miss Livingstone of the Montreal General Hospital, who was then in her last year of training. Founder of the Nurse Settlement, New York City, and pioneer on this continent in Nursing Social Service. Took an influential part in various public movements of civic and humanitarian character.

In Canada

Remarks: Canada takes an important and an honorable part in the history of nursing on this continent. Beginning with the heroic enter-

prise of the French hospitals established at Quebec, Montreal, Three Rivers, Port Royal and Louisbourg in the late seventeenth and early eighteenth centuries, and passing through that dark period which immediately preceded, in all countries, the birth of modern training schools, we come, in the year 1864, to the opening at St. Catharines, Ontario, of one of the first, if not the first, Nightingale School on this continent, in connection with the General and Marine Hospital. This school, which has ever since upheld the dignity of its standards and is to-day well worthy of its pioneer traditions, owes its inception at this early date, and its high standard to-day, to the devotion of Dr. Mack, who, in 1873, brought out three Guy's Hospital nurses and several probationers.

The next attempt to come into line was made at the Montreal General Hospital, so it is mentioned here, although it is to be recognized that the Toronto School has priority of actual establishment by several years (see below). In the Montreal General Hospital, which was founded in 1822, the nursing was conducted along the old lines, until 1875, when an effort to form a training school was decided upon and a graduate of St. Thomas' Hospital was placed in charge, with four Nightingale nurses under her. This is one of the few failures to be placed to the credit of Miss Nightingale's pupils; for, through an unfortunate combination of circumstances, the effort had to be abandoned within two years, and the party returned to England. Not for some fifteen years did the Montreal authorities recover sufficiently from the blow for the second, this time successful, attempt. Meantime, a lady matron, Miss Rimmer, had been placed in charge (about the year 1879), and the reputation of the hospital had improved somewhat through her activities. On her resignation, in 1889, the announcement was made that the post of lady superintendent and head of the training school was vacant and that applications would be received. Several unsuccessful trials were first made with various applicants, which all failed on account of the apparently impossible state of the hospital. The most important of these was the appointment of Miss Draper, of the Illinois Training School, who remained three days, and then left in distress at the herculean nature of the task. Finally, in February, 1890, Miss Norah Livingstone*, a Canadian with Montreal connections, who had just graduated from the New York Hospital, was appointed. In the sweeping reform which she introduced, she was ably seconded by several very capable assistants of her own selection, notably Miss Quaife, of New York, and Miss Greatorex (first night superintendent), of Edinburgh Infirmary. The state of the hospital at the time of Miss Livingstone's advent to it beggars description, for its reputation was unsavory, its inmates overcrowded and poorly housed, and bad sanitation, dirt and disorder prevailed. The young Superintendent, fresh from her

*This was nine years after the establishment of the Toronto General Training School and six years after the beginning of Miss Snively's administration there.

training and without other experience than as charge nurse of a large medical ward for the last two months, braced herself to the encounter, and met her committee with determined mien, and the almost impossible situation with absolute success. Within the year disorder had given place to system, newspaper shrouds for the dead had been replaced by cotton ones and other strange abuses abolished, beds, mattresses, linen and other necessities of life for the patients provided, and the training school, itself fully organized with complete regulations and junior staff, had a class of five of the old-time nurses who had remained on under the new condition ready to present for graduation. They were Ellen Chapman, Georgina Carrol, Jean Preston, Julia English and Christine Mackay. Their names are historic, for their graduation represents the establishment of a brilliant and a fundamental reform, which for rapidity and thoroughness of execution has not been surpassed, and the inauguration of a school, which, in the high standing taken by its early graduates and the importance of the posts they were immediately called to fill in this country, may be said to have repeated the history of old Bellevue. (This tribute of course applies equally to the pioneer graduating class from the Toronto General Hospital Training School (1883)—see below.)

The Toronto General School was organized in 1881, nine years earlier than the Montreal General. Much the same difficulties were encountered here, and there is a record of repeated changes in management over the three years previous to its actual establishment along its present lines under Miss Snively in 1884. Miss Harriet Goldie, its first lady superintendent in 1881, being succeeded some two years later by Mrs. Fulford (nee Starry), a graduate of St. Thomas' Hospital, who was again replaced in six months by Miss Privett, a graduate of the Massachusetts General Hospital, who resigned in discouragement eight months later, in October, 1884. Miss Snively, a Canadian and a graduate of Bellevue, then entered upon her tenure of office and showed from the first those qualities of leadership combined with idealism that enabled her to steer the slender craft of the Training School through the troubled seas of many difficulties to its present safe and splendid anhcorage. "A cultured woman of high principle, with a broad conception of her duty, and with a clear vision regarding what was expected of her, she laboured faithfully in the Toronto School until July 1st, 1910, when she retired, respected, honoured and loved by a large circle of sincere admirers." (Dr. C. K. Clarke). Miss Snively was succeeded by Miss Robina L. Stewart, of the Johns Hopkins School. As in the case of Miss Livingston, great honor attaches to Miss Snively for the great Training School she has built up. Nutting and Dock point out that "the history of these two women, Miss Snively and Miss Livingston, is the history of nursing in Canada. Their graduates have gone forth from their hands into every corner of the Dominion, building, developing and reforming,

and carrying everywhere the traditions and atmosphere of the schools in which they were trained."

To them, then, is to be ascribed the credit of the high status which has been everywhere accorded to Canadian Nurses in the United States, and to them belongs the first sheaf of the laurel that has crowned the splendid work Overseas of Canadian Nurses in the Great War!

For further information upon the history of Canadian hospitals, students are referred to Nutting and Dock, Volume IV., pages 134-150. Of great interest is the extension work of the Sisters of St. Joseph of the Hotel Dieu of Montreal, and of the Grey Nuns of the same city. The latter founded the pioneer hospital of the West, the St. Boniface General Hospital, now holding 400 inmates, through three of their Order, who sailed from Montreal, in canoes, on this undertaking on April 25th, 1844.

Slide 207—Miss Mary Snively. A native of St. Catharines, Ont., and a graduate of Bellevue, in 1884, where she trained under Miss Perkins. Appointed Superintendent of the Toronto General Hospital in 1882. Developed here a splendid school, through many difficulties. Has been a power in Canadian and international organization. Retired in 1910.

Slide 208—First graduating class, Toronto Training School for Nurses, 1883-1884. The class of 1883 contained four members; that of 1884, ten.

Slide 209—Annual meeting of Canadian National Association, University of Toronto, June 14th, 1918. Miss M. A. Snively, past President; Miss Jean I. Gunn, President.

Slide 210—Miss Norah Livingston. First Lady Superintendent of the Montreal General Hospital, and organizer of its Training School. Born at Sault Ste. Marie, of English Army parentage and Anglican upbringing. Graduated in October, 1889, from the New York Hospital, where she trained for two years, the last two months of these in charge of a large medical ward. Appointed to Montreal General Hospital, February 18th, 1890. Immediately on arrival organized the School by drawing up regulations for a two years' course and sending out application forms for candidates. Later introduced chart boards, medicine lists, forms for nurses' notes and night reports, dressing baskets, etc., etc., and instituted training in infectious diseases and outdoor training in gynaecology (against much opposition), night nurses, diet kitchen in 1896. Retired on September 1st, 1919, after having established, through tact and decision, discrimination in the selection of officers, good judgment and insistence on the cardinal principles of good nursing, a system of the highest efficiency.

(To Be Continued)

Build thee more stately mansions, O my soul,
As the swift seasons roll!
Leave thy low-vaulted past!
Let each new temple—nobler than the last—
Shut thee from heaven with a dome more vast,
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea.

OLIVER WENDELL HOLMES.

A Laywoman's View of the Private Duty Nurse

By Margaret S. McWilliams

Read at the C.N.A.T.N. Convention, July, 1920

My chief feeling, as I begin to speak to you upon this subject, is that of amazement at my own light-hearted temerity in assenting to the request to undertake the task. I can only feel that I was in some way under the mesmeric influence of the genial personality of Miss Jean Browne. For the problem you have asked me to discuss is a very elusive one, being really the personal relation between two women, based on the fact that one needs something which the other is able to give. Indeed, if we follow the philosophers, there are many more than two women entering into each single one of these relationships. Each of us, we are told, has, at least, three personalities. Hence, it would follow that every time the nurse goes to a home to take a case there are at least six personalities involved. There is, or are, the nurse as she really is, the nurse as she thinks she is, and the nurse as the laywoman thinks she is. Similarly, you have the laywoman as she really is, the laywoman as she thinks she is, and the laywoman as the nurse thinks she is. And, beyond all these, you have in the background a shadowy seventh and eighth, namely, the nurse and the laywoman as the patient thinks they are, always supposing that the laywoman is not herself the patient.

Now, when you consider the multitude of combinations that may result among the women in any community; when you further remember that, since the poets began to sing, women have been written of in language which varies all the way from the exquisite words of Shakespeare's sonnets, of which a couplet comes to mind:

"For thy sweet love remembered such wealth brings,
That I then scorn to change my state with kings."

to those of that very cavalier lover of Kipling's, who, being bidden by his Maggie to chose between him and his smoke, philosophically says:

"A woman is only a woman,
But a good cigar is a smoke."

how should any one woman search out the accurate viewpoint of this relation? All of which is only to say that, if any one here does not like which I have to say, she may at once discard it as being the wrong one of the million odd combinations which may arise.

Some weeks ago I set myself to search out public opinion on this matter. Before the war I should not have needed this preparation. In those high days, as you may recall, it was fashionable to have operations and to talk about them. And many a valued hour of leisure had busy women to give up to the hearing of the sad tale of what the nurse and the doctor did and did not. In those days you had passed, I think,

from being young women who, filled with the spirit of adventure and the love of romance, had entered on a profession which almost certainly led to a story-book marriage, to being brisk and efficient young persons rather in the get-rich-quick class, whose measure of service was not always pressed down and running over.

I had thought that the war might have changed all this. So many women felt so deep a reverence and profound a gratitude to the gallant young women who went to the front and did there for us who could only endure the long agony of waiting at home, what, had we been able, we should have sought to do ourselves. I had thought that perhaps the view of the private duty nurse might now be taken through this rose-colored glass, so I went, seeking, with such methods as I consistently use, to sound out public opinion.

This opinion, may I remind you, is rarely the result of consideration of reasoned arguments. It is the instinctive reaction which comes so much more from feeling than from thought. Well, as I went about with my little touchstone, I was amazed—so much amazed that I am going to give you verbatim which I myself got, leaving you to weigh it.

The first woman to whom I spoke said: "Well, I am sure you won't be very popular if you tell them what I think about them." Rather breath-taking, was it not? But, having reflected that you probably had not invited me here to increase my own popularity, I went on. The next I heard was, "I do hope you'll tell them the truth." An older woman, whose judgments are usually a bit caustic, but, on the whole, fair, said: "If only they would do their duty a little better everything would be all right."

Then there was the young woman who said, "I had to have a nurse last winter, and I sent for her in fear and trembling—I had heard such dreadful things. But she was a real joy. She did not even want to take her two hours off." Note that, please, for it comes out of one of the things it seems to me are the matter.

Another woman said, "If only the maid would not walk out when one of them walks in." And still another, "I haven't had to have one in my house for years, thank God." Then there were petty criticisms, as, for instance, the one about wanting so many clean towels, which would not be worth repeating, except for the light it throws on part of the problem.

Just a day or two ago I went to a young married woman, who seems to me to typify the best among the women now in their early twenties, and she said: "Of course, there are nurses and nurses; but most of them are (I use her own words) too horribly professional." And my old friend, who has looked on the world with wise eyes for almost eighty years, also said there were nurses and nurses. "Some," she added, "are fine. My last one was a joy to me; but for the one before that, I was simply an accommodation."

But to me, most interesting of all were the remarks of the women whose faces lit up so at the mention of a trained nurse that one knew they had happy memories. They all said, "Oh, but I've been lucky." That's a sentence which shed an illumination on the whole problem, if you just turn it over in your mind.

Now here we have women following the two highest professions for women. We must all agree, I think, that motherhood, properly practised, is the greatest profession for women. For myself, I have no hesitancy in putting the nursing profession second. Certainly, it stands nearest to the ancient domain of women — the complete care for all within her household. How is it, then, that, when women following these high professions come into contact, one is unpopular with the other? Why should the nurse bringing help in an hour when it is sorely needed, and there is none else to bring it, set up in the mind and heart of the woman whom she helps such feeling as the remarks I have repeated to you would indicate?

It is, perhaps, worth while to examine the reasons. Mostly they arise out of instincts or prejudices, and so are hard to change—harder, perhaps, than if they were the result of logic as applied to the situation. Yet much can be done with these old prejudices by taking them out and looking them over. We have done very much this way with the old fetish, which lasted to the days of our mothers, that the chief duty of woman was to marry. We know now that, though a happy marriage is the ideal state, there are many better things for women than just marriage. So let us look at the problem and endeavor to find the reasons for its existence.

First, I should say, is the fact that it is in reality a matter of a personal equation.

Examining the side of the laywoman, I would place first the position of the mother in the home. To get the feeling to which the mother of the home instinctively reacts, one must look back into the days of our great-grandmothers and their great-grandmothers. May I remind you that it is one of the glories of our race that our women have always been the partners of our men. We have had to go through the stage of being purchased as chattels. In the early days the business of caring for and ordering the home was the woman's business, just as procuring the means for the support of that home was the man's. Within the home the woman who was housemother was supreme. And before the dark days of the industrial period settled upon women, the conduct of the home was a real business. Those of you who know Olive Schreiner's "Woman and Labor" will carry the argument further in your minds. This instinct of authority remains in the house mother. Discuss the standardization of household work with the ordinary housekeeper, and you will frequently get the reply: "While I pay the maid, she will do the work as I want it done."

Well, the nurse comes into the house and is not only not subject to the authority of the house mother, but she even overturns it. She takes charge of the case and does as she knows is right. It may be that the nurse desires to administer castor oil. She is not turned from her intention by hearing that the family remedy has always been camomile. Moreover, her standards of sanitation are different. That is where the criticism about the clean towels comes from. Her standards of cooking are different also. Now, to the ordinary housewife, her own standards are the best. Reason as she may, her age-long inheritance makes her rebel.

Close after this comes the economic reason. There is among housewives a great lack of what, for want of a better term, I call business sense. The nurse has it. She knows that she must keep herself efficient, that the life of her patient may easily depend upon that. The housewife ought to know it, but she does not, as witness the remark about the two hours off. This same lack of business sense shows most markedly in regard to money. In families where the financial support is termed income or salary as distinct from wages, joint bank accounts and households run upon the budget system are rare. The woman who has them is envied by her friends. The result is that the house mother spends, but does not pay. She gets a wrong idea of money. She sees her husband, who has a very different idea, cheerfully paying what seems to her a large sum of money to the nurse, while she, perhaps, has never ready money in abundance. There enters into her mind envy, one of the most insidious and destructive of all evil forces.

In the fourth place it should be remembered always that the nurse comes at a time when the laywoman is in an abnormal frame of mind, and this whether she be patient or house mother. If the latter, she has not called in the nurse till it was apparent she could not manage alone. She has not seen the value of keeping her efficiency up, and, like all tired persons, she resents that others keep themselves from being overtired.

It should not be forgotten either that the addition of one person to the average household does add to the burden of labor in that house, and this at a time when it is already overcharged.

The sixth reason I want to advance brings me to the consideration of the case of the nurse, and lies in that professional attitude of which my young friend spoke. This is well understood, but difficult to define; and, as any one of you could do it better than I, I pass on to consider the psychological attitude of the nurse as she comes into the home. It seems to me that too often she comes with some such sentence, "Now I am not going to be imposed upon here," unspoken, of course, but in the very front of her mind. Such an attitude is sensed at once, and brings its own ready response. Was it not Solomon who said, "That which I greatly feared has come upon me"?

Then, of course, a good part of the unfortunate condition, when it is unfortunate, comes from pure misunderstanding. To the laywoman the nurse is a very self-sufficient young person, who knows exactly what she wants to do, and who, sweeping the laywoman aside, takes possession and proceeds to do it. I have often suspected that the nurse really was a timid, nervous young person who was wondering how she was going to be received in the household she is to enter.

And, lastly, I would call your attention to the fact that nurses are reformers. You are reformers in the matter of raising the economic status of women, as well as in improving the health of the nation. Reformers are never popular, even with the people they help. If you doubt this, consider the case of prohibition and the promoters thereof at the present moment.

What is the conclusion of the whole matter? I am afraid it is rather like the famous apple core. There isn't any. It would seem one might as well try to make all marriages happy as to make all combinations of laywoman and nurse ideal. Yet there are certain antecedent conditions which, improved, might ease the whole situation. And, first, I should place the abandonment of that obvious professional attitude of which I spoke. After all, you are women bringing help to other women in their hour of need. Why should you not go in that spirit? Will you permit a laywoman, who does honor your profession and who has a very deep and sincere admiration for the women who practise it, to say to you that it has for some time seemed to her a pity that, following a profession which has so fine ethical principles underlying it, you should have allowed the public to come to think of you as chiefly concerned with what you get out of it? And may I also suggest to you that there is a very profound psychology, as well as a great religion, behind the words, "He that is least among you shall be called great."

And, finally, turning to the laywoman, we come to the greatest need in this, as in any relation into which women are to enter—the need of raising the standard of business sense among women. There must be a general acceptance of the method of looking at things and people squarely and impersonally, of a large-minded standard of fair and honest dealing, and of a generous measure of give and take. It is a truism that the state of a country depends upon the condition of its women. If our country is to enter into the opportunities which await her, the development of this sense among our women must come. It is for us who have had the broadening experience of professional life to lead the way. We can do this in two ways. The first is by example. As an ex-professional woman, I like to think that my family partnership is better run than most. I do not know that I am prepared to maintain that thesis against all comers. I leave it to you to say whether the homes of married nurses are in advance of the general standard.

But we can also lead the way by the creation of public opinion.

This brings me to say that, while it seems to me desirable that we should have organizations of groups of women having special interests, as, for instance, this organization or that of the university women, the teachers or the journalists, we must not forget that we shall be judged first, not as nurses or college women or teachers or journalists, but just as women. We have learned in these latter days that no nation can live to itself alone; neither can any organization of women. It will find its highest good, and the highest good of its members, individually, only as it ministers to the good of the entire country through its service to womanhood. One of the great tasks facing us in this immediate moment is the creation among us all of such a spirit of broadmindedness, of understanding of and tolerance for each other's viewpoint, as shall, sweeping away our inherited prejudices, set our feet in a new and better path.

THE WORKING WEEK

We have had frequent discussions about an eight-hour day and a 48-hour week, but not so often has an attempt been made to plan it out for the individual nurse. Here is a plan for a 56-hour week, which we take from *The Trained Nurse*:

"All nurses, with perhaps one exception, come on duty at the usual hour, 7 a.m. In a wing accommodating thirty ward or semi-private patients there will be probably about five or sir nurses on day duty. The first will go off duty at 9 a.m. and return at 12.30, remaining till 7. She has her noonday meal before she returns, and is relieved one-half hour for the evening meal.

"No. 2 goes off at 10 a.m., has her noonday meal before returning at 12.30, remains on duty till 4 p.m., is relieved from 4 to 5, during which time she has her evening meal and returns at 5, remaining till 7 p.m.

"No. 3 comes on duty at 7, remains till 2, with one-half hour off duty for the noon meal, is relieved till 5.30, when she returns, having had her evening meal, and remains till 7.

"No. 4 goes off duty at 12.30 and returns at 4, remaining till 7, with one-half hour off for the meal.

"No. 5 is on duty from 7 to 3, and goes off duty for the rest of the day.

"No. 6 remains off duty till 2.30, and relieves the night nurse by staying on duty till 10.30.

"If unusually serious cases are in the wing, two night nurses will be a necessity, the same general routine being followed.

"Each nurse is given one afternoon each week from 3 o'clock, according to this plan, the nurses alternating in this shift.

"The probationers come on duty for their hours of practical work at such times as they can be most useful in relieving nurses for classes and off duty hours, and are gradually introduced to the responsibilities they must later carry."—*Nursing Times.*

International Nursing Students

Rarely has a more interesting group of nurses been gathered together than the League of Red Cross Societies' Scholarship Students, now taking a year's public health course at King's College for Women, Campden Hill, London, N.W. Including Miss Florence Waters, in charge of the group, who is assistant director of the Nursing Division of the League of Red Cross Societies, the head office of which is at Geneva, they number 20, and are all now in residence at 11 Observatory Gardens, Campden Hill. (It will be remembered that the object of the League is to develop educational propaganda in time of peace.) The following nurses compose this representative and distinguished group: Belgium, Miss Cécile Mechelynck; Canada, Miss Jean Browne; Czecho-Slovakia, Miss Anna Nemcova; Denmark, Miss Magdalene Tideman; England, Miss Marjorie Beeton; France, Miss Jeanne Mariau; Greece, Miss Athina Messolora; Italy, Miss Lina Molinari; Peru, Miss Maria Albertina Vega; Poland, Miss Marie Chludzinska; Portugal, Miss Dora V. Westwood; Roumania, Miss Maria Notarin; Russia, Miss Helen Hiriakoff; Sweden, Miss Elsa Anderson; Switzerland, Miss Erica A. Michel; Serbia, Miss Theophanie Body; United States of America, Miss Dorothy Lidyard, Miss Charlotte Simon; Venezuela, Mrs. Vestalia di Manrique.

It was a great pleasure and privilege to meet these students, who have shown by their enterprise their earnest desire to gain knowledge which they can, in the future, put into practice for the benefit of their respective countries. Evidently they have already settled down happily in their new surroundings, and are keen to benefit to the utmost from the opportunities offered to them.

The facility with which all the students speak English is very noticeable, though some of them intend to take lessons from an English teacher to perfect themselves still further. It was interesting also to notice their strongly marked nationality—true to type.

The special course arranged by Dr. Janet Lane Claypon, Dean of the School at King's College for Women, for these students, includes Anatomy, Physiology, Hygiene, Bacteriology, Chemistry, Elementary Science, Sociology, and Household Work. They also learn something of dispensing, and obtain an insight into the Montessori system of education, into nursing methods in connection with the Salamon Centre at Guy's Hospital, and Dr. Truby King's system of caring for mothers and babies at Trebovir Road, Earl's Court. Some of the students are also attending at School Inspection Centres. Excursions are also planned for them to waterworks and sewage farms, etc., where they have the opportunity of studying sewage plant. During the Christmas and Easter vacations they hope to see something of the nursing in rural districts in Durham and Somerset.

It is extremely interesting to hear from the students something of their work in recent years and of the problems which confront them in their own countries.

Miss Jean Browne explained something of the difficulties of public health nursing in Canada, owing to the great distances. The nurses frequently travel from 50 to 80 miles a day. They endeavor to have one teacher, who is also a nurse, on the school staff, and they enlist the sympathy and co-operation of the other teachers.

Miss Nemcova, who during the war has been working in an estate school, spoke of the reorganization of the Red Cross in Czecho-Slovakia.

Miss Tideman had a remarkably interesting experience to relate. She was trained in the Commune Hospital, at Copenhagen, and with other Danish nurses was sent to nurse Russian soldiers in Petrograd. When war broke out there had been living in Russia for two generations certain people known as Bashkirs, a nomadic race who were German subjects, and had never been naturalized in Russia. It was therefore necessary to intern them, and they were sent to Siberia. They are a primitive people, eating with their fingers, and generally uncultured. When the question arose as to what was to be done with German prisoners, it was decided to billet a certain number on the Bashkirs. They did not like it, but had to submit. It was to this colony of 3,000 Bashkirs and Germans, which had no doctor or nurse, that Miss Tideman was sent alone, and started a hospital in three rooms.

Miss Marie Chludzinska is hopeful that nurse-training schools may be established in Poland in connection with the universities of Cracow and Warsaw. In regard to typhus, with which the country was ravaged, she draws a distinction between spotted typhus and hunger typhus, which is more of the nature of scurvy. Twenty thousand people died of hunger typhus in the course of ten days. In regard to tuberculosis, the pulmonary form is unusual in Poland, owing to the dryness of the climate, but bone tuberculosis was prevalent during the war.

Both Miss Tideman and Miss Chludzinska hold the Nightingale medal, and the latter has, in addition, the Royal Red Cross. Many of the other students are also holders of various decorations.

Miss Hiriakoff speaks of the difficulties of nursing in Russia, owing to the bad roads. In the winter, when the snow is on the ground, and sleighing is the means of transport, the difficulty is lessened. She would herself prefer to work in the country districts on her return to Russia, but thinks that—at first, at any rate—it will be more practicable to nurse in the towns. In spite of the present poverty, she speaks of Russia as rich, owing to its great mineral wealth.

Miss Maria A. Vega, the student from Peru, signed an agreement before leaving that country to do three years' public health work on her return. It is the intention of the League to keep in touch with these students, and to visit them in their respective countries, and encourage them in their work.

Miss Body, during the war, nursed first in Nish and then in Salonika. She was fortunate in leaving Nish by the last train before the railway line was cut, and therefore did not have to undergo the rigor of the trail over the mountains, as did those who left later. Subsequently she nursed prisoners in Corfu for two years.

Miss Westwood, selected by the Portuguese Red Cross Society, is of British extraction. During the war she nursed at Ambletuse, first in No. 1 General Hospital, where there were English nurses, and then in the Red Cross and Contagious Hospitals, with Portuguese nurses.

Miss Michel has for fifteen years been matron of a Red Cross hospital and nurse training school in Berne.

Miss Waters speaks warmly of the kindness the group of students have received on all sides.

They are looking forward to a very happy and instructive course of study during the academic year which ends in June.

It is the intention of Miss Fitzgerald, the Director of the Nursing Division of the League of Red Cross Societies, to keep in touch with the students on their return to their own countries, not only by correspondence, but by visiting them, and to learning at first hand of their work and difficulties.—*British Journal of Nursing.*

SHADE

The kindliest thing God ever made,
His hand of very healing laid
Upon a fevered world, is shade.

His glorious company of trees
Throw out their mantles, and on these
The dust-stained wanderer finds ease.

Green temples, closed against the beat
Of noontime's blinding glare and heat,
Open to any pilgrim's feet.

The white road blisters in the sun;
Now, half the weary journey done,
Enter and rest, O weary one!

And feel the dew of dawn still wet
Beneath thy feet, and so forget
The burning highway's ache and fret.

This is God's hospitality,
And whoso rests beneath a tree
Hath cause to thank Him gratefully.

THEODORE GARRISON.

Editorial

With January, 1921, the *Canadian Nurse* magazine enters on its seventeenth year, and has been in the hands of the National Association of Trained Nurses for over four years. May it be the New Year's resolution of each association to take their share of the national work of the magazine, and of each individual nurse to subscribe. With this huge body of earnest women working for one object, who can say just the influence and power a journal, owned by the nurses, will have? In the past year several new departments have been instituted and have proved both popular and instructive. Let us all make this magazine the medium for all nursing news, and help in all ways to double its subscribers and its size. The Editor wishes to extend to so many of our nurses her personal thanks for the many kind words of encouragement received, and wishes all a very happy New Year.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

Gaiety, the fairy, flew across the mart,
Dropped a shining dewdrop into every heart;
Sunshine made it golden, zephyr made its hue
Like the glowing rainbow in the heavens blue.
Moonlight made it silver in the summer air;
Lovelight turned it rose-shade, blushing, flushing there;
Gaiety is fleeting! Hold him by the hand!
He will take you with him into Laughter Land.

LOIS HENDERSON.

Letters to The Editor

DEAR EDITOR:

In the *Canadian Nurse* for April, 1919, was published an article, "The Trained Nurse and the Campaign Against Cancer," by Dr. Niel John Maclean. I would like to write a few observations on cancer of a graduate nurse doing private duty.

1. Dampness and moisture seem to favor the growth of cancer.

On going home with some cancer patients, I find the houses and cellars very damp.

2. The careless exposure of foods, often standing exposed to the air, uncovered, for long periods.

3. Molds grow readily on these foods after exposure. On experimenting, I find these molds on specimens of food, if kept in dark in closed jars, will grow thick growths of mold, some growing size of a walnut in eight weeks, or covering the whole specimen with a mass of growth, and not changing the color of the specimen.

The more acid the food, the better the growth of mold.

Soda bicarb will check growth of mold for a time. I grew [redacted] same mold successfully on blood-serum, using the same serum as [redacted] for diphtheria cultures. And I know that mold sphores have been found in blood-cultures of human blood.

I am also told that green corn in a silo, after moisture of frost, decomposes and goes moldy.

What about infection through milk?

3. Common species of molds:

(a) Penicillium Glaucum—The most common of household molds, is a bluish-green color, and is called the blue mold; is common on bread, cheese, fruit, lemons, also tobacco if not properly cured, and is listed as a very dangerous fungus growth.

(b) Mucor—Common on bread, fruit.

(c) Monilia—On cheese.

(d) Puccinioe—Attacks not only cornfields, fruit trees, raspberry bushes, and rose-buds.

Diet of Cancer Patients.

All very fond of buttermilk, sweet and starchy foods and acids.

All are necessary articles of diet for mold growth.

The bulk of evidence is against cancer as an infectious disease.

I thought I would like to have the opinion of some of the members of the Canadian National Association of Graduate Nurses.

Yours truly,

H.G.H., Class 11. G. PRICE.

News from The Medical World

By Elizabeth Robinson Scovil

Tonsillectomy and Rheumatism

In a report of the study in ninety-four cases of the effect of tonsillectomy on the recurrence of acute rheumatic fever and chorea, it is stated that complete removal of the tonsils seems to be the most important measure at present available for the prevention of acute rheumatic fever and the allied rheumatic manifestations. One or more attacks of chorea had occurred before the removal of the tonsils in forty cases, and there was no recurrence in twenty cases, or fifty per cent. The cases were observed during an average period of three-and-a-half years after the operation.

Hospital Accommodation

At a meeting of the Toronto Central Council of Ratepayers, it was reported that there was a serious shortage of accommodation in all hospitals there. The only solution of the problem seems to be the municipal ownership and control of all hospitals and their revenues.

Anthrax From Shaving Brushes

The United States Public Health Service has issued a warning against the use of shaving brushes made of horse hair. Brushes made of hair infected with anthrax are believed to be unknowingly sold.

Infant Feeding After Six Months

It is stated, from study of a number of babies who did not thrive after six months' old, that the breast milk is not sufficiently nourishing for a child but should be supplemented. The same is said of cow's milk.

Public Cuspidors

A French medical journal advocates the provision of cuspidors with running water, like those used by dentists. They should be placed in all public places for the protection of all human excreta. Sputum is capable of transmitting a number of fatal diseases, and it should be considered disgraceful to expectorate in public.

Closing Schools

Closing schools as a means of controlling epidemics of measles, whooping cough, scarlet fever, diphtheria, small pox and poliomyelitias, should be a last resort, used only when thorough and systematic appli-

cation of other measures fails to effect control. The loss of school time and money is serious. The modern method of careful daily inspection of infected schools, isolation of sick children, and quarantine of those in contact with them, is both more effective and economical.

Enuresis

It is stated that the cure of enuresis is the result of the mental awakening and stabilizing of the brain cells that control the act of micturition. These patients have neurotic, unstable nervous systems, accompanied sometimes by mental retardation. Psycotherapy mental suggestion, and education of the sub-conscious mind, should supplement any other form of treatment.

Food In Pulmonary Tuberculosis

A writer in the American Journal of Medical Sciences says that extra meat is necessary, in the case of patients with pulmonary tuberculosis, until a proper amount of protein is in the body. Milk furnishes calcium salts combined in such a way that the system can make use of it at once. It supplies the fat soluble; cod liver oil and butter fat also contain it in large quantities, vegetable oils and fats are deficient in it, or lack it entirely. The water soluble B. is practically always supplied in sufficient quantities.

Dog's Milk in Infant Feeding

A case is reported where the twins of a gypsy mother were nursed by a large dog. The twins were being fed on insanitary soup, and the doctor who had attended the mother advised the substitution. The dog highly approved of the service she rendered and came running to the babies when she heard them cry.

Full Term Extra Uterine Pregnancy

The Missouri State Medical Association Journal reports three cases of extra-uterine pregnancy which arrived at full term. In two cases the children were born alive, in the third the fetus had been dead for some time previous to the operation. All mothers recovered.

Prohibition in Australia

The British Medical Association in Australia has endorsed prohibition. One of the members said that prohibition was stated to interfere with the liberty of the subject. The same might be said of the sale of opium, or other drugs, or a quarantine. It was said to be unworkable, but it had worked well in Mohamedan countries. A referendum is to be held in Queensland every three years. Charlemayne issued edicts to regulate the drink evil, so they are not of modern origin.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

CANADA'S FIRST COURSE IN PUBLIC HEALTH NURSING

By Wenonah Durant, R.N. (President)

Dalhousie University, Halifax, Nova Scotia, has the honor of graduating the first class in Public Health Nursing in Canada. The diplomas were awarded by Dean Stewart, of the Medical School, in the Monroe Room of the Medical Building, on September 22, 1920.

This course was arranged by a committee from the Medical School, Dalhousie University, in co-operation with the Provincial Department of Health, the Massachusetts-Halifax Health Commission, the Victorian Order of Nursing, together with the charitable and philanthropic organizations of Halifax and Dartmouth.

In order to further its peace-time programme, the Nova Scotia Provincial Branch of the Canadian Red Cross provided scholarships for each of twenty candidates, stipulating that each should promise to do Public Health work in Nova Scotia for a period of at least one year.

The requirements for registration are graduation from a recognized training school for nurses, registration in the province or state from which application was made, and a satisfactory preliminary education.

Owing to the "flu" epidemic in the early part of the year, the opening of the course was postponed to March 22. On that date the fifteen

nurses who had registered started off in dead earnest to pursue the course of studies laid out by the committee, and for six months we have been very busy with lectures, study, field work, and excursions.

We made visits to all the various city and provincial institutions and offices, to model housing areas, as well as factories and plants in Halifax and vicinity.

Our course in tuberculosis work in the clinic and the home was supplemented by two weeks at the Provincial Sanatorium at Kentville —made possible by the interest of both the Medical Superintendent and Chief Nurse of that institution.

All phases of the Child Welfare programme, from the prenatal work through the Infant Welfare preschool and school age periods, we found interesting, for it showed us graphically what is our duty to the future citizens of Canada.

The field work, which was done under the direction of the Halifax Welfare Bureau, the Victorian Order of Nursing, and the Massachusetts-Halifax Health Commission, was, no doubt, the most practical phase of the course, since it demonstrated to us the problems with which we will have to cope and the methods to use in meeting them.

Our lecture course ceased on July 9th, and our interest immediately centered upon the Red Cross Health Caravans. Since these were the first of their kind in the world, we were most gratified to have the opportunity to travel for a period of two weeks through the province with them.

Each caravan carried a personnel consisting of a nose and throat specialist, a chest specialist, and a dentist, three or four nurses, boy scouts, and ambulance drivers.

Educational moving pictures, lantern slides, and all the necessary apparatus for setting up an emergency field hospital, were included in the outfits.

Each caravan consisted of four ambulances, a Delco truck, and a touring car.

It was indeed a very proud moment for us all to be the first class in Canada to be graduated from a university as public health nurses. We all felt that this course, with its varied experiences, has meant much to us. It has indeed brought to us a broader knowledge of public health problems than we had anticipated. The keen personal interest of each lecturer in his subject, and the sympathetic interest of those charged with experiences of field work, stimulated us to a deeper sense of our responsibilities.

President McKenzie, in addressing the class, wished us every success in our future work and congratulated us upon the fact that we were pioneers in Canada. Miss Eunice Dyke, Director of Public Health Nursing for the city of Toronto, delivered the graduating address. In

opening, she said that, although it was a long distance from Toronto to Halifax, she would gladly have come much further to have the honor of being present at such an important event in the history of Canadian nursing. As Miss Dyke's address has been published, we shall not quote it here. That it made a marked impression on all present was quite evident.

Short addresses were also given by Mrs. Dennis, president of the Red Cross, Honorable Mr. MacGregor, representing the Premier of the Province, and Dr. W. H. Hattie, Provincial Health Officer.

To Dalhousie, and our instructors, to the Red Cross Society and the many other agencies co-operating to make this course a success, we extend our heartiest appreciation and the assurance that we are ready to join with them in any effort put forth for the welfare of the Province of Nova Scotia and the Dominion of Canada.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

PUBLIC HEALTH NURSING COURSE

UNIVERSITY OF TORONTO, TORONTO

(EDITOR'S NOTE.—Miss E. Kathleen Russell, director of the course, is a graduate of King's College University, Windsor, N.S., and trained at Toronto General Hospital, afterwards taking up the work of public health nursing on the staff of the Toronto Department of Public Health.)

This department began its work September 30th with an enrolment of fifty students — twenty-six graduates of Toronto training schools, eleven from other Ontario hospitals, one from the Montreal Western Hospital, one from Winnipeg General Hospital, two from English hospitals, and seven from American hospitals. Of these nurses, twenty-seven have served overseas.

The students' time will be divided between theoretical and practice work. Throughout the first term there will be approximately fifteen hours a week practice and observation work with various social and health agencies of Toronto, and eleven hours lecture work.

Curriculum—All subjects required; no electives.

Hygiene.
*Medicine.

MISS E. KATHLEEN RUSSELL, B.A.,
Director of the Public Health Nursing Course at the University of Toronto

Public Health Nursing—Principles and Practice.
*History of Nursing.
*Psychology.
Psychiatry.
†Nutrition and Dietetics.
Social Case Work.
Social Economics.
*Principles of Teaching.
†Discussion Course—Contemporary problems in Nurse Education and Nursing Practice.

*First term only.

†Second term only.

In addition, arrangements will be made to visit various hospital clinics in small groups, including special clinics at the isolation hospital.

Physical training and swimming classes are also open to students of this department.

A special effort will be made to have the class *study* the responsibility of the nursing profession as a whole—not only for health nursing, but also for the nursing of the sick.

The health agencies of the city, particularly the Victorian Order of Nurses, the local Department of Public Health and the Toronto hospitals, are co-operating very heartily. This co-operation makes possible some very valuable practice work for these nurses.

The course will extend over one academic session of eight months, from September until May. The training given is for public health work only.

Scholarships—The Ontario Branch of the Canadian Red Cross Society has awarded ten scholarships to the value of three hundred and fifty dollars ($350.00) each. These scholarships have been awarded on a basis of general qualifications.

Requirements for Admission—Only graduate nurses may enrol in the department.

Applicants resident in provinces or states in which registration for nurses is enforced must be registered.

Applicants resident in provinces in which registration for nurses is not enforced must be eligible for membership in the Canadian National Association of Trained Nurses.

For the first time the educational qualifications of the student will be considered by a special committee. It is proposed in the near future to require for admission to this department a certificate of matriculation in a Canadian university.

Hopeless Case

The keeper of the insane asylum had taken his patients out for a walk when they ran across a pedestrian gazing perplexedly at the railroad tracks.

"Can you tell me where this railroad goes?" he asked.

"You'd better come along quietly back inside with us," answered one of the patients soothingly. "That doesn't go anywhere. They just keep it there to run trains on."

So live with men as if God saw you; so speak with God as if men heard you.—Seneca.

The World's Pulse

By Elizabeth Robinson Scovil

Women Try Women

At a recent trial in England for performing illegal operations, six women sat on the jury. A midwife was found guilty and sentenced to seven years' penal servitude. The patient had died.

Where Women Strike

In a recent lecture at King's College, London, the lecturer said that in Northern Rhodesia the women go on strike if any man in a village says or does anything which they interpret as a slight. They refuse to work and will not prepare the food. The men have to apologize in a body, and the women insist on gifts of beads and other articles to placate their offended dignity.

A Canadian Honored

Sir Campbell Stewart, who was born in Montreal, has been appointed managing director of the London *Times*.

Empire-Wide Passports

Any British subject who holds a British passport will now be able to travel anywhere within the Empire without further formality. The proposal to effect this change originated with the Prime Minister of South Africa.

An Old Portrait

In the museum of the University of Pennsylvania is a day tablet, dating from 2300 B.C. It bears the portrait of the last king of Ur, known to the Bible readers as Us of the Chaldeans, from whence Abraham came. The tablet is said to be a postage stamp, and also served as a seal to a registered package. The portrait was made by rolling an engraved cylinder over the soft clay, and is as clear and distinct and the features as well defined as the day it was made.

Exhibition of Foxes

An exhibition of live foxes, born and bred in captivity for their fur, was held in Montreal in November. Prince Edward Island is the principal seat of the industry, where it is carried on very successfully. Scientific feeding has much to do with producing lustrous and beautiful fur. A single silver fox skin has sold for $2,600.00, and a pair of breeding foxes once brought $25,000.00. During his visit to Prince Edward Island last year the Prince of Wales named two foxes George

and Mary, after the King and Queen. These were shown at the exhibition.

The Nation's Hero

The body of the unknown soldier buried in Westminster Abbey on Armistice Day, as a representative of the brave men who lost their lives on the field of battle in the war, was laid to rest in earth brought from France. The ceremony was most impressive and was attended by thousands, including the highest dignitaries in the land. The King followed the coffin on foot as chief mourner.

The Vimy Memorial Church

It is proposed to build a Protestant church at Vimy as a war memorial. The district was once the home of the old French Huguenots. During the war the Huguenot minister stayed on, living in the greatest poverty. The church is to cost $150,000.

English Plays in Germany

It is stated that at least half-a-dozen plays by British authors are being produced in Berlin. A German version of Oscar Wilde's "The Importance of Being Earnest" is causing much merriment. Shakespeare is, however, the most popular author, and "Julius Caesar" is well staged and played to large audiences.

A Valuable Painting

A picture was bought for a small sum in a second-hand shop in Winnipeg which has proved to be an original Velasquez. It is identified by the skin tints and a cloak of burnt leather color, which was a favorite hue with the Spanish master. The picture is the portrait of a lady. On one wrist is a tiny black bow, said also to be a distinguishing mark. Velasquez ranks with Raphael and Titian, and belongs to the early 17th century. The painting is thought to be worth from $250,000 to $400,000. It has been sent to Christie's, the London art dealer, for sale.

Seizure of Narcotics

It is stated that more than a million dollars worth of drugs was seized by Government agents in the United States in two months. They were principally morphia and cocaine. They are to be distributed to hospitals.

Handiwork of Disabled Veterans

The gown worn by Lady Maureen Stewart at her marriage to the son of the Earl and Countess of Derby was embroidered by the men of the Belfast Branch of the War Service Legion. It was of soft ivory satin, and the train had a mass of violets at the bottom, with trailing sprays up the sides beautifully embroidered in silver.

Canadian Army Medical Nursing Service Department

We are happy to find from a new Royal Warrant that it has been made quite definite that the decoration of the Royal Red Cross, first class, is to be conferred (apart from Royalty) upon trained nurses only, carrying with it the Bar for further service. The second class is open to V.A.D's and other assistant or probationary nurses belonging to one of the officially recognized nursing services.

Recipients of the second class who are fully trained nurses will be eligible for advance to the first class. M.R.R.C. (Members Royal Red Cross) will be used for the first class and A.R.R.C. (Associate) for the second.

Under previous Royal Warrant of recent date women became eligible for the most coveted of honors—the Victoria Cross.

Seemingly, the question of honors and awards is receiving consideration in order of precedence. Next we may find Army nurses, with the relative rank of officers, eligible for the Military Cross rather than the Military Medal heretofore awarded. And then we shall hope to see suitable recognition provided for the nurses who kept the fires of the home hospitals burning.

During the Armistice Day ceremony at the temporary Cross erected on Parliament Hill, Ottawa, a beautiful wreath of chrysanthemums, with oak leaves, was placed by Matron-in-Chief M. C. Macdonald. The card attached read:

"From the C.A.M.C. Nursing Service. In loving loyalty to the members who gave their lives for the Empire in the Great War."

All success to Matron M. Goodeve, R.R.C., and Assistant Matron Mildred Robertson, who, on October 1st, 1920, took over the private hospital known as "Lynhurst Hospital" (38 beds), 100 Yorkville Ave., Toronto.

A hurried visit in November last conveyed the impression for an abundance of patients, plumbers and energy, with a distinct C.A.M.C. flavor of efficiency, enthusiasm and humor.

Nursing Sister M. Jessie Leitch is at present conducting a column, entitled "The Woman of It," on the editorial page of *The St. Paul Dispatch,*" St. Paul, Minn. Although diverting her ability mainly to the

newspaper world, Sister Leitch retains her keen regard for all things pertaining to the Service. Several contributions from her pen concerning overseas experiences have come to hand, and will, in due course, be published in this department.

Nursing Sister Margaret Kennedy, who was demobilized in England, is engaged in private nursing at the Isle of Wight. She is looking forward to a "causerie" with Mrs. Lewis (nee Nursing Sister Ray McLeish), who, with her husband, is resident in London. These Nursing Sisters served together at No. 3 Canadian Stationary Hospital at Doullens.

Nursing Sister Isabel V. Ramsay is engaged as night supervisor at the Lebanon Hospital, Bronx, New York City. Sister Ramsay asks that an S.O.S. call from her be communicated to Nursing Sister Jane Glendenning.

Nursing Sister A. H. Nelson is floor nurse at St. Luke's Hospital, Ottawa.

Nursing Sister Rachel McConnell, A.R.R.C., has accepted the post of second assistant, Hartford General Hospital.

We regret to learn that Nursing Sister Helen Hastings Perry, latterly of the staff of the *Pictorial Review*, in which journal she ably conducted the Department of Public Health, is at present a patient at the Elk Inn Sanitorium, Saranac Lake, N.Y. With both lungs affected, Sister Perry writes that she is "trying to keep cheerful and get well." Let us all help by sending her an occasional cheery letter. Make that one of your New Year resolutions.

Nursing Sister Isabel Galbraith is on the private duty nursing staff of the New York Hospital.

From the Retreat, York, England, Nursing Sister Annice Richardson writes that she is happily situated as assistant matron. Her mind often reverts to her C.A.M.C. friends, she states.

Nursing Sister Mary Thomas is matron of the Balfour Sanitorium, S.C.R., Balfour, B.C. On the nursing staff are Nursing Sisters M. S. Fulton, M. Matthews and Jean Warrender. Nursing Sister M. E. Wood and Nursing Sister J. Fitzpatrick-Smith, who were also employed at the sanitorium, have resigned—the former to return to her home, London, Ont., and the last named to return to England.

Nursing Sister Larose (No. 6 General) is assistant matron, Kootenay Lake Hospital, Nelson, B. C.

Nursing Sister Lyda MacFadyen is at present superintendent of the City Hospital, Washington, D. C.

Nursing Sister Pauline Rose, A.R.R.C., superintendent of the General Hospital, Nanaimo, B. C., recently spent two months holidaying in Simcoe, Hamilton and New York.

Nursing Sister Olive Garland, R.R.C., is matron of Deer Lodge,

S.C.R., Winnipeg. Associated with her are Nursing Sisters Helen Stewart and Rose Quinn.

Nursing Sister Sadie Ferguson, A.R.R.C., assistant matron Manitoba Military Hospital, Tuxedo Park, has been demobilized, and leaves for California, where she will be joined by Nursing Sister M. H. McGill.

Nursing Sisters G. Comartin and Ester Hofstrand are now in California.

Mr. and Mrs. R. D. Waugh (nee Nursing Sister M. Mowat, A.R.R.C.) spent the Christmas season with the former's parents at Saarbucken, Germany. Mr. Waugh, Sr., is the British representative on the Saar Valley Commission.

Nursing Sister Vera Strange is in charge of the Orthopaedic Surgical Building and the Convalescent Home in connection with the new hospital opened by Drs. Galloway and Gibson in Winnipeg. Nursing Sisters Irene Barton, McLaren and Mortimer are also on the nursing staff.

Nursing Sisters J. Isabel Smith and Jessie McDonald are on the staff of a sanatorium at La Jolla, California.

Receipt is acknowledged of a note and package from Matron V. C. Nesbitt, R.R.C., giving no address. The package contains collars and cuffs of the mess uniform, which Matron Nesbitt kindly places at the disposal of any member applying for same.

Nursing Sisters O. McMillan, G. Matheson and I. K. Wishart are engaged in private nursing duty in California.

Nursing Sister Agnes Baird is employed as social service nurse by the Department of Soldiers' Civil Re-establishment, Winnipeg.

Nursing Sister Margaret A. Kennedy is on the staff of the Victorian Order of Nurses, Winnipeg.

Nursing Sister Emily Parker is school nurse. Nursing Sisters Isabel Jeffares and D. Webb are employed under the Manitoba Public Health Department.

Mrs. Thomas Sullivan (nee Nursing Sister Agnes Balfour Davie) is securing copyrights for a story covering fourteen months' service. We await with interest the publication of Mrs. Sullivan's book.

Nursing Sister A. Hayhurst, A.R.R.C., writes that she is engaged as travelling secretary, or field worker, for the Maritime Division Canadian National Institute for the Blind. During the past year she has made an intensive study of the Maritime Provinces in search of blind people, and was much impressed by the beauty of the various districts visited. Nursing Sister Hayhurst suggests a C.A.M.C. Nurses' Club along the following lines: Local branches meeting regularly; annual re-union in one of the larger cities; annual report, including names and addresses of members; fee, $2.00 or $3.00 annually—salary of secretary

to be paid from same. Further suggestions along these lines are hoped for.

* * * *

CHRISTMAS AT "CLOVELLY COURT," 1917

By A. J. B., No. 16 Canadian General Hospital.

Those dark, dreary, foggy days of December, 1917, were busy ones for us at No. 16 Canadian General Hospital, and it was while performing my various duties in clinic, a knock came to the door and I was called from adjusting the bandages on a facial patient for an interview with the assistant matron in the corridor. It might have meant the long-anticipated leave, it might have meant duty in France, or it might have meant anything; but what it turned out to be was a brief instruction to accompany another Sister, known by all as "Benny," to Clovelly Court, North Devon.

An invitation had come for two Canadian Nursing Sisters to spend Christmas there. Benny and I exchanged congratulations, consulted as to luggage, and gleefully proceeded to brush our best uniforms. Then came "inspection by Matron, with a warning that by our P's and Q's the C.A.M.C. Nursing Service would be judged, and that our conduct must reflect credit or discredit upon all. We set forth with a feeling of solemn responsibility, and not without misgiving as to our own shortcomings. Seated in the train, there crowded to mind visions of being expected to speak in public, to discuss professional subjects gravely and weightly, to observe rigid conventions that might prove foreign to us. The outlook was indeed gloomy. Suddenly Benny chirped up, "Anyway, let's not cross our bridges until we come to them." Magical words that were at once followed by a burst of sunshine penetrating the darkest corner of the compartment. We had left London in its usual state of sunless, foggy tearfulness, so the change was accepted as a propitious omen. Our spirits rose; we viewed our "compagnions de compartement," also on holiday bent, with awakened interest. We were prepared to indulge in conversation—not so our fellow-travellers. Their attitude of cheerful tolerance rather than absolute indifference presumed no advances. However, Army Sisters with their wealth of topics of common interest can entertain one another unceasingly and untiringly. In addition, was there not the most lovely scenery to enjoy—the green, green fields, the thatched roofs, the gabled cottages, and other features quaint to the unaccustomed eye?

The pleasant eight-hour journey ended all too soon. At Biddeford, a seaport town, picturesquely situated on two hills rising from the banks of the River Torridge, with houses built mostly in Elizabethian style, there awaited us a luxurious Napier car. The drive of eleven miles was truly "up hill and down dale." In the dim distance could be seen

the hazy outline of Clovelly Court, one old wing of which dates back to the 11th century. Indoors, beside a tea table near a cosy fire, we found our hostess. With a courtly grace of pre-tango days, she extended greeting and hospitable welcome.

Benny and I at once "sensed" an atmosphere of peace, minus the speeches and conventions and all that we had feared. Here was to be found rest from the clinic and the ward, the forgetting of operating-rooms and air raids. The comforts of a delightful English home at Christmas time, amid the sunshine and clear skies of glorious Devon, was to be ours for ten days. With positive greediness, we fell upon our tea. Never before, or since, has the aroma of browning toast made stronger appeal to our appetites. After tea, rest in our rooms was prescribed until the dinner hour at eight o'clock; this last being followed by a game of bridge. Then to bed, feeling like Queens of Sheba in our rose and gold rooms. And such beds! Downy luxury of ancient canopied four-posters. Next oblivion till the gentle South of England voice of the maid, "Your bath is ready, Miss." After months of reveille in dim and early dawns, this gentle rousing from slumber was typical of the change in our lives during our visit.

Morning brought sunshine and walks along the cliffs and through the woods. Glorious restful days there followed—days of unalloyed happiness and enjoyment.

Clovelly Court is wonderfully situated on high cliffs facing the deep, blue waters of Biddeford Bay, and within walking distance of the quaint fishing village of Clovelly, which consists of one crooked, rambling street—not paved in our modern asphalt, but made of cobble-stones; a succession of broad steps, up which none but donkeys and men can plod. To give a real conception of Clovelly village, I can do no better than quote Kingsley in his "Prose Idylls": "I crawled up the paved streets, inaccessible to cart or carriage, which are flatteringly denominated 'Clovelly Street'; behind me a sheer descent, roof below roof, at an angle of 45 degrees to the pier and bay, two hundred feet below, and in front, another hundred feet above, a green amphitheatre of oak and ash shutting out all but a narrow slip of sky."

From the top of the village winds the picturesque "Hobby Drive," built centuries ago by an ancestor of our hostess. When on these rambles I carried a stick, picked by chance from many in the great hall. This stick, I afterwards learned, had been carried by no other than Mr. Asquith, a frequent visitor at the Court. It is related that on one of these visits he narrowly escaped stoning by an angry mob of suffragettes, and was detained some time a prisoner within the walls of the Court—though not in the dungeon.

Our hostess was most anxious for us to see Hartland Abbey, and, although practically closed at this season of the year to guests, it was arranged with the housekeeper in charge that we be shown over this

historic residence. Benny, two Canadian officers (also guests at Clovelly), with the writer, started off one morning in a comfortable trap for the Abbey. It seemed as if the objective of our drive might have been a picnic, as a good-sized hamper had been placed in the trap; the contents of hamper, with coffee served by the housekeeper at the Abbey, proved to be a tempting lunch. England, seeming to be a network of railways, made it difficult for one to realize any village so far distant as 17 miles from railway connection, which Hartland proved to be.

I can remember thinking that day how interesting if a fairy had touched her magic wand and let us glimpse back into the early days of the Abbey when monks habited the place. An underground passage connects the Abbey with the church half a mile distant. Now, when too late, I regret we were not brave enough to explore this passage.

Christmas Day was celebrated quietly at Clovelly Court. In the morning our hostess conducted us over the entire Court, there being fifty rooms, practically all closed up but a dozen or so—the coal allowance barely heating these. Christmas afternoon was pleasantly spent in arranging and assisting with a party for all the children on the estate; being entertained by the Mistress of the Court is always a gala day in their young lives. Benny proved an excellent pianist, while our hostess, officer guests and myself rollicked with the children in "Sir Roger de Coverley" and "Here we go gathering nuts in May."

These strenuous games were somewhat fatiguing, so a rest was most welcome ere we partook of Christmas dinner. But, alas! the rationing rules of Lord Rhonda allowed no such bountiful repast as cheered Tiny Tim in Dickens' "Christmas Carol."

The remaining few days at the Court were full of interest; especially did we enjoy our visit to the picturesque thatched roof dairy, where the delicious Devonshire cream is made.

But all holidays, special and regular, come to an end, and we needs must journey back to where duty, and much of it, awaited us.

We were never told whether we properly or improperly represented the C.A.M.C. Without undue arrogance, it may, however, be added that subsequently numbers of the Nursing Sisters became guests in turn at Clovelly Court. It is safe to say that, with these, Benny and I share a happy recollection that neither time nor distance can efface.

Take time to speak a loving word
Where loving words are seldom heard;
And it will linger in the mind,
And gather others of its kind,
Till loving words will echo where
Erstwhile the heart was poor and bare;
And somewhere on thy heavenward track
Their music will come echoing back.

Hospitals and Nurses

NEW BRUNSWICK

The Alumnae Association of the General Public Hospital, St. John, entertained the graduating class at a reception and dinner at the Clifton House. Members of the class are Misses Marjorie Mitchell, Agnes Fahey Dolan, Evelyn Cameron, Sarah McMullin, Mabel McKinnon, Althea Gilmour, Kathleen Williams, Erna Ganong, Louise Blue, Elthea McDowell, Margaret McDowell, Mary Murdock, Lillian Shand, Lily Sampson, Beatrice Reid, Annie Leckie and Eva Craig. Wishes of success and congratulations were extended to the class by the association.

Miss Retallack resigned her position as superintendent of the G. P. H. in December.

The monthly meeting of the association was held at the home of Miss Addy, and the invitation was received from Mrs. W. N. White to meet at her house at some future date.

* * * *

QUEBEC

Jeffrey Hales' Hospital, Quebec

Miss Edith Glass (1918) is relieving the staff at Shawnigan General Hospital for the holidays.

Miss D. M. Binning (1911) has accepted a position on the staff of the Jeffrey Hales' Hospital.

The engagement of Miss Louise Caron (1918) to Mr. Arthur Riddell (McGill Med., 1921) is announced, the wedding to take place December 25th, 1920.

Miss Sadie Young, of the Montreal General Hospital, is visiting her mother in Quebec for a few weeks.

At the monthly meeting of the J.H.H.A.A., Dr. James Stevenson gave an interesting talk on "New Things in Surgery in Connection with Nursing." Lectures such as these enable nurses not in hospital work to keep abreast of the times.

* * * *

ONTARIO

Woodstock

Miss M. H. Mackay, R.N., assistant superintendent of the Woodstock General Hospital, is spending some time in San Francisco, Cal.

Brantford

Miss Margaret Tait, who spent three years overseas, has accepted the position of superintendent of the General Hospital, Belleville.

Miss C. P. Robinson has been forced through illness to give up her position on the staff of the Brantford General Hospital, and is taking extended holidays.

Miss Ada Stephens has accepted a position on the staff of the B. G. H., and will commence her duties on January 1st.

Miss Ina M. Jones intends spending the winter in California.

The annual bazaar of the Alumnae Association of the B.G.H. was held in the Assembly Hall of the Nurses' Residence December 2nd. Fancy work, home-made cooking and candy were sold, and a nicely decorated tea-room was in evidence, where a social half-hour was spent. The sum of $250.00 was realized.

Waterloo

The annual meeting of the Kitchener and Waterloo Nurses' Association was held November 1st, with a very good attendance. The principal business was the election of officers, as follows: President, Mrs. N. Heller; first vice-president, Miss Elenora Kiefer; second vice-president, Miss Idessa Huber; treasurer, Miss Ada Wesoloh; secretary, Miss Elsie Master; *Canadian Nurse* magazine representative, Miss Florence Wood. After the business, refreshments were served. A very interesting series of lectures are planned for the winter sessions of the association.

At the December meeting Miss Foy, secretary of the Ontario G. N. A., was to have addressed the meeting, but, owing to illness, was unable to be present. The campaign of the P. P. H. Nurses, it is expected, will start early in the New Year in Kitchener. After considerable business, the meeting was brought to a close with a social hour as the guests of Miss Murray, assisted by Miss Bott.

Grace Hospital, Toronto

Miss C. E. DeVellin (1893) has recently been appointed industrial nurse with the Canadian General Electric Co., Toronto.

Miss Margaret McKeown (1902) has been appointed industrial nurse with the Dominion Express Co., Toronto, and Miss Mildred Bates (1914) with the Bell Telephone Co., Toronto.

Miss Ethel M. Hawley (1906), who has been till recently engaged in military nursing, and who served overseas, has been appointed operating-room supervisor at Grace Hospital.

Guelph

On Friday, November 26th, the brass tablet was unveiled which had been placed in the front hall of the hospital in memory of the nurses who died during the epidemic of influenza in 1918. Friends and

relatives of the deceased nurses, with many graduate nurses and other citizens, gathered for the ceremony of unveiling, which was performed by Miss Ferguson, president of the Alumnae Association. The opening address was given by the president of the Hospital Board, Mr. J. M. Taylor, and was followed by a dedication service conducted by Rev. G. F. Scovil. Dr. Angus MacKinnon then accepted the tablet on behalf of the hospital, and an address was given by Rev. Little. The following is the inscription on the tablet: "In loving memory of the nurses who died while serving during the recent epidemic of influenza, 1918. Pearl Talbot, class 1910; Nellis MacKenzie Hugill, 1913; Ella Ziegler, 1915; Marie Frances Awty, 1918."

After the meeting the association voted to give $25.00 to the Red Cross Society for the starving children of Europe.

London

Armistice Day was fittingly observed in London with a huge parade, followed by placing in position the captured German guns given to this city. In the Armories, a Cross was unveiled by Miss Hilda Stuart, a returned Nursing Sister, placed in honor of the overseas nurses who gave their lives in the fight for freedom. A wreath, in memory of those who did not return, will be placed on the cross. A splendid programme of patriotic music and addresses was given.

The bazaar on November 2nd, given by the Victoria Nurses' Alumnae Association, proved a most enjoyable function and a thorough financial success. This was held in the residence, and Miss Stanley received the guests, while Miss Mortimor presided in the tea-room. A beautiful filet teacloth, given by Miss Stanley to be raffled for the benefit of the Children's Hospital Fund, towards which the Victoria Hospital A.A. aim to give $1,000.00. The rooms of the Home were most attractive, and reflected much credit on those concerned with the management of the affair.

Miss Mary McVicar, past president of the V.H.A.A., who for the past ten years has been superintendent of nurses at the Ontario Hospital for the Insane in this city, and who has resigned, to accept a position with the new clinic at the Victoria Hospital, was presented recently by Superintendent Robinson with a gold wrist watch on behalf of the medical and nursing staff of the hospital. Several physicians spoke of the work Miss McVicar had done, and of the regret expressed by all that she had severed her connection with the Hospital for the Insane. During the afternoon tea was served by the nurses.

Sarnia

A well attended meeting of the Graduate Nurses' Association of Sarnia was held November 15th, Miss Hicks presiding. Miss Kathleen Scott, superintendent of the hospital, filled the chair after being elected honorary president, and the business of the meeting was proceeded

with. This included the change for private duty nurses of 18 hours' work daily instead of 20 hours, as formerly, and the election of officers, as follows: President, Miss M. Bolton; vice-president, Miss Emma Parker; treasurer, Miss Minnie Lee; secretary, Miss Esther Nesbitt.

Graduates of Sarnia General Hospital decided recently to establish an Alumnae Association, and a committee was appointed to locate the present addresses of graduates outside the city and form the association. Monthly meetings will be held immediately preceding the G.N.A. meetings on the second Monday of each month, and a re-union of all graduates will be held once a year. Officers of the Alumnae are as follows: Miss Hicks, president; Miss Christina McKillop, vice-president; Miss Myrtle Curts, secretary; Miss Minnie Lee, treasurer.

Hamilton

Miss E. C. Giffen is in Hamilton for a short visit, after an absence of several years.

Miss McPhail has accepted a position with the Public Health Nurses at Morden, Man.

Miss Eva Street has been added to the staff of Public Health Nurses of Hamilton.

The Alumnae of the H.G.H. are having a bronze tablet placed in the rotunda of the hospitary in memory of Nursing Sister May Sampson, who died in the service of her country. There will also be placed a roll of honor, containing the names of all the H.G.H. graduates who served overseas.

* * * *

BRITISH COLUMBIA.

Miss Boggs, R.N., has recently taken charge of the hospital at Penticton. The nursing staff now consists of Miss Boggs and six graduate nurses, Misses Beattie, Travis, Reed, Ross, Burnham, and Mrs. C. Smith.

BIRTHS

Clark—In Hamilton, Nov. 23rd, 1920, to Mr. and Mrs. Robert Clark (Miss Carter, H.G.H.), a daughter.

Duff—At St. Johns, Nfld., on Nov. 22nd, 1920, to Mr. and Mrs. Peter Duff (Violet Dickenson, R.V.H. 1915), a son.

MARRIAGES

Cooper-Neiley—At Unity, Saskatchewan, December 16th, 1920, Eva Von Agnes Neily, graduate of Vancouver General Hospital, 1915, to Mr. Samuel Ward Cooper.

McKinnon-McDowell—On December 1st, 1920, at Glen Allen,

Ont., by Rev. Mr. McCullough, Bessie Sturgeon McDowell (T.G.H., 1916) to Chester A. McKinnon, of Hillsburg, Ont.

McKay-Paynter—At Beulah, Man., September 20th, 1920, Nursing Sister Theodora Paynter, A.R.R.C., to Lieut. McKay, of Calgary. Lieut. and Mrs. McKay are residing in Pandora, Alberta.

Morris-Bessey—On November 20th, 1920, at Georgetown, Ont., Gertrude Rosett Bessey (Grace Hospital, Toronto, 1915) to Mr. Thomas Berwyn Morris, Toronto.

Prudham-McQueen—On Thanksgiving Day, October 18th, at Freelton, Ont., Grace Kirkpatrick McQueen (Grace Hospital, Toronto, 1917) to Mr. Harry Prudham, of Watertown, Ont. Mr. and Mrs. Prudham will live in Galt, Ont.

Wickware-Westwood—On September 10th, 1920, at Ashbury College, Ottawa, Jessie Westwood (Grace Hospital, Toronto, 1917) to Mr. Walter Wickware, Ottawa.

DEATH

Munt—Suddenly, at Waterloo, Ont., on Oct. 16th, 1920, Frances Munt.

Subdermal method of vaccination, also copied from *The Trained Nurse and Hospital Review*:

A method of vaccination, known as the acupuncture or subdermal method, introduced by Dr. H. W. Hill, of the Minnesota Public Health Association, into the Canadian and English armies, has proved to be of a decided advantage over the endermic method used in the American army. In the subdermal method, a drop of vaccine is placed on the arm, and the skin merely punctured in an area less than one-eighth of an inch square, three or four such areas, two inches apart, being punctured on the left arm of the vaccinatee. No blood is drawn. This method accomplishes a great saving, for absolutely no bandage or dressing is required, and the necessity of waiting for the arm to dry is dispensed with entirely. Only fifteen seconds are required for complete vaccination by this method. In only one case out of 500 is any after treatment needed or desired. Its extreme simplicity is the great point in the favor of this method. A plain sewing needle is always available, and is all that is required. It also protects the arm from external infection, for the punctures seal up as soon as the needle is withdrawn. The vaccination is not spread over a large area; there being a space of at least an inch between the pustules after development. The multiple small areas vaccination prevent the formation of a large eruptive center, which is always obvious in the endermic method. It is both painless and bloodless. It saves not only time, suffering and bandages, but has proved to be the most efficient method of vaccination.

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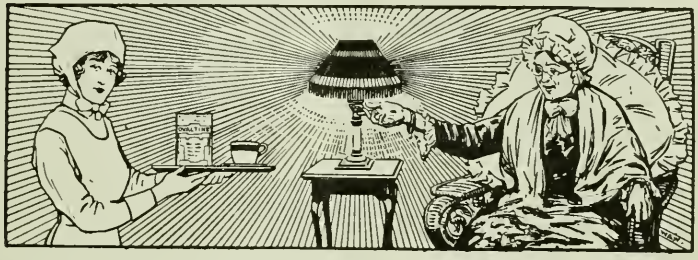

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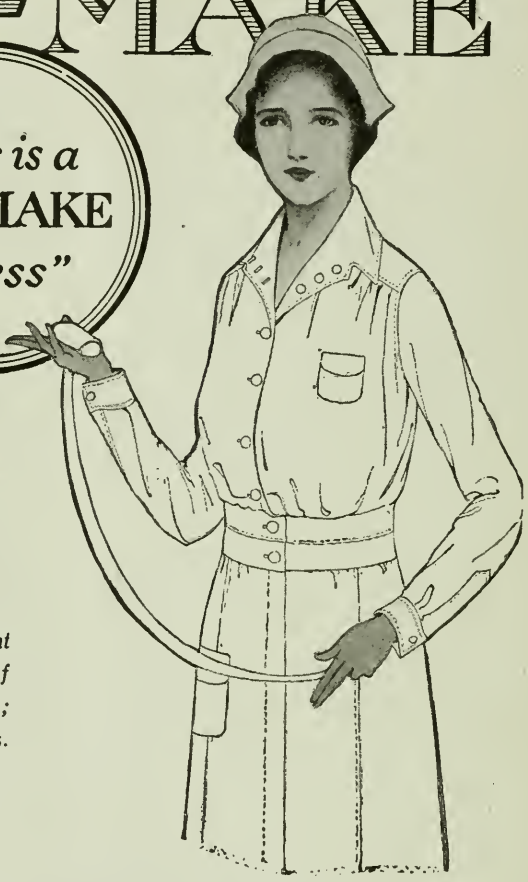

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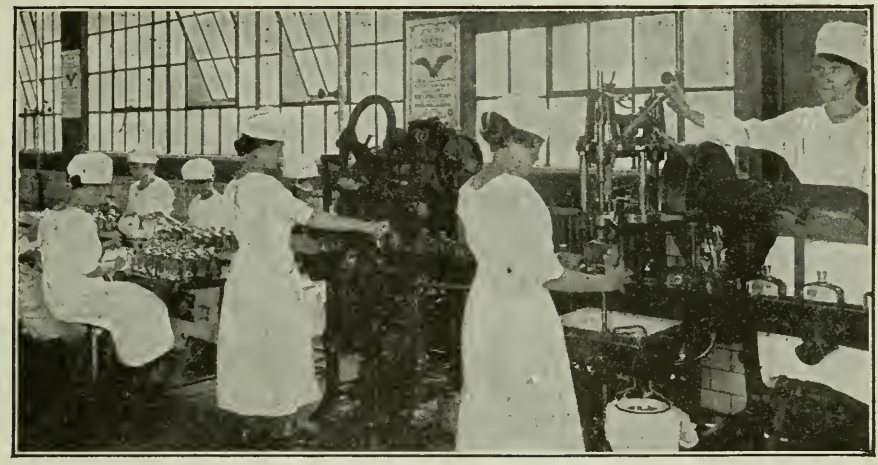

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	Page
The Trained Attendant	69
Lectures on The History of Nursing	75
Saskatchewan Registered Nurses	78
Canadian Nurses' Association	80
Editorial	81
News from the Medical World	82
Public Health Nursing Department	84
Department of Nursing Education	89
Preventive for Typhoid Fever	93
The World's Pulse	94
Canadian Army Medical Nursing Service Department	96
Hospitals and Nurses	104

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THE
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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Trained Attendant

By MISS CHRISTINE SMITH, R.N.
Superintendent of Public Health Nurses for the Province of Alberta

Read at the Annual Joint Convention of the Alberta Association of Registered Nurses and the Alberta Hospitals Association held at Calgary in October, 1920

During the years of the war, and especially during the influenza epidemic, the question of the need for another group of workers to act as assistants to or substitutes for the graduate nurse has been engrossing much time and attention.

No one of us could ever forget those tragic days during the 1918 epidemic, and we know that more people died through lack of nursing care than from any other cause.

It was a great emergency, and we met it as best we could; but if we had had in the Province of Alberta at that time enough nurses to adequately care for all the stricken people, I am afraid we would have in normal times a much greater problem to deal with finding employment for these nurses than we had training the volunteer workers to help us through that emergency. I mention this because I have always

felt that the conditions arising out of the influenza epidemic have been unduly emphasized. It has not been the history of the past that such epidemics continue to recur, and, after all, on what are we to build for the future if not on the history of the past?

The greatest danger that I see is not the danger of being overtaken with epidemics and disasters that will call for an army of nurses, but the creating of a public sentiment through the overzealousness of a great many well-meaning people who would urge us to launch upon the public a group of partly-trained women to assume the responsibility of human life, unlicensed and uncontrolled by legislation.

Different names have been suggested for this group of women. The practical nurse we have always had with us; but the practical nurse has had no training whatever in the care of the sick, but is a woman who has had practical experience in nursing probably only in her own home.

In Saskatchewan they have adopted the name "nursing housekeepers." The name "trained attendant," however, is the one which has been most widely accepted.

What, then, do we mean by the term "trained attendant?" One writer has designated her an unstandardized person, and which definition I am not willing to accept, for reasons which I shall give you later.

The trained attendant will have a definite training; and the term "attendant" is intended to designate her capabilities, as indicated by the fact of her training.

This, then, leads up to a number of questions?

(1) Is the trained attendant a necessary factor in the health programme of a community?
(2) What is to be her field?
(3) Under what authority should she be trained, directed and supervised?
(4) What effect will her coming have upon the nursing profession?

And before attempting to deal with these questions I want to appeal to you, as a provincial nursing organization, to put aside all prejudice and approach the subject with an open mind.

I think we will all agree that it is an important subject, and also that it presents unusual difficulties; and unless, as a nursing profession, we are prepared to face these difficulties, putting forth every effort to solve the problem, "a back door will be opened into our profession that will degrade our standards and will escape our control in spite of all our efforts."

Dealing, then, with the first question: "Is the trained attendant a necessary factor in the health programme of a community?"

Personally, I think she is. This is an age of specialization, and more and more we find nurses turning away from the private duty field

and directing their attention to some special line of work. The field of public health nursing has thrown open many doors, and there is such a demand for nurses in the field of preventive medicine that the training of another type of person to assist in the care of the sick in the homes becomes more urgently imperative.

Dr. Robert G. Paterson says: "Each day it is becoming clearer to health authorities that the public health nurse presents the key to practically every one of the so-called problems in preventive medicine and hygiene."

Our first duty, however, as a nursing profession, is to provide nursing facilities for the sick before we can go on to the full development of this great scheme for social betterment, namely, the education of the public in preventive medicine.

This brings us to the second question: "What is to be her field?"

In reply to this I shall quote to you from an editorial which appeared in the *American Journal of Nursing* last spring, and which the Council of the A. A. R. N. accepted as a basis when submitting the question to the Minister of Health and to the Senate of the University:

"It is not the intention of the nursing body, in giving recognition to a trained attendant, to provide a poorly-trained nurse for the poor or middle class.

"It is the intention of the nursing body to have attendants trained, licensed, and so controlled by legislation that it will be impossible for them to practise as nurses, just as it is unlawful for a nurse to practise as a physician. They should be capable of caring for a patient convalescing from an acute illness when the services of a highly-trained nurse are no longer necessary, or where, for a period of weeks or convalescence, there must be at hand an intelligent person to have supervision and care until strength is entirely restored; of caring for certain kinds of long chronic, cases; of caring for children under certain conditions, and of filling many positions in the home too often occupied by highly skilled women, whose services are needed elsewhere, such as supervising homes in the absence of the mother, looking after well children, travelling with an invalid, or as a companion to a well person."

This, I think, covers the ground.

Then the third question: "Under what authority should she be trained, directed and supervised?"

I want to give you the benefit of an experiment that was tried out in Cleveland recently. The Cleveland Visiting Nurse Association organized a trained attendant service, and in the April number of the *Public Health Nurse* we have the story of the reasons why this service was discontinued after a trial period of two years or more. Some of the reasons are very evident to me why this experiment proved a failure.

They had no legislation, and, therefore, they had no legal authority to exercise any control over the group of women employed.

Then the service was placed directly under the control of a nursing association. The training, supervision, etc., was all directed by the nursing association.

I don't see how this could ever be a success. It seems to me that the feeling would be aroused at once that the nursing body wished to constitute itself a superior body with power to control and coerce, which is not in accordance with democracy, and which, in these times, would never succeed.

Plan for Alberta

In Alberta the suggested period of training is one year, and, as the trained attendant should have a knowledge of how to direct the affairs of a household in the absence of a mother, she should know something about invalid cooking and the care and feeding of children, and this part of her training could probably be given in one of the provincial agricultural colleges that gives a course in domestic science. The time would be divided as follows: Nine months in any small hospital that is not eligible as a training school for nurses, two months in one of the provincial agricultural colleges, and one month in a district under one of the provincial district nurses. In this way the whole training would be directed and controlled under one centralized authority.

An alternative plan, however, would be not to have any training given in any hospital, but to have classes formed, where lectures in home nursing and first aid could be given by a qualified nurse, with practical experience in bedside care through visiting nursing, and two months in household science in an agricultural college. In this way the period of training could be reduced to six months, and removed altogether from the hospitals. This would be the better plan.

What we need is someone to do for this service what Florence Nightingale did for the nursing profession. We want the training and supervision of this class of women placed in the hands of a highly qualified nurse, who will instill in them a reverence for professional loyalty and ethics; who will see that they are not exploited, but that they get the necessary training, and, what is just as important, that they do not get a training they should not have.

This, then, explains why I object to the term "unstandardized person." My contention is that the service must be standardized.

The fourth question: "What effect will the coming of the trained attendant have upon the nursing profession?"

Undoubtedly, the effect will be to raise our standards.

The most important phase of the whole question, to my mind, is: After these women have been trained, have passed the prescribed examinations, registered, and have been authorized to go out and nurse the sick, how are they going to be employed? And, dealing with this phase of the question, I intend to confine myself to our own province.

During the time that I have held the position of Superintendent of Provincial Public Health Nursing I have given the whole problem of nursing service a great deal of thought. Our opportunity in Alberta is unique in that we are at the beginning of things. There are no walls to tear down—we are only laying the foundations; and this is a wonderful opportunity, but also a responsibility.

We need vision—the vision to look into the future and determine what will be the results fifty years hence.

The great need for nursing service is, and will be, in the rural districts. Assuming, then, that the majority of the homesteaders, the pioneer settlers and the people of comfortable means are in a position to pay the necessary fee of eighteen, twenty, or possibly twenty-five dollars a week to a trained attendant, or thirty-five or forty dollars a week to a graduate nurse, the fact still remains that there would not be in any rural district enough work to provide steady employment.

The problem of adequate care of the sick is a State problem, and can never be solved by the private physician, the private duty nurse, or the trained attendant. My sympathies go out to the people who are overtaken with a serious illness to-day—I don't know how they manage to cope with it.

What, then, is the solution?

The solution is State control.

We could divide the province into three districts, with a headquarters at Calgary, one at Edmonton, and one in the Peace River country. It would be necessary to place a graduate nurse in charge of each centre, who would be paid by the Government. A staff of graduate nurses and trained attendants could then be employed by each district, paid a salary, and registered at the main office.

All calls for nursing service would then come to the main office. The calls could be investigated, and, in cases of serious illness, the graduate nurse could be sent; otherwise the less skilled trained attendant might meet all requirements. I would approve of moderate fees being charged where people were able to pay.

In this way the trained attendant service would be controlled, and would fill a very great need in the province.

Otherwise, these women, if trained and then left free to choose their own course and obliged to earn a livelihood through fees charged for nursing the sick, will all flock to the cities, where employment will be assured, and the rural district is still without a nursing service.

Now I have taken up a good deal of time; but, before closing, I want to say just a word with reference to the future of the nursing profession.

A few years ago there were only about two fields for the trained nurse after graduating: institutional work and private duty nursing.

To-day we find a very great change. We find nurses filling the position of professor of nursing and health in universities; we find them employed as teachers of health in normal schools; we find them taking post-graduate courses to fit themselves for administrative positions in training schools. The field of public health nursing is full of opportunities, and more and more the trained nurse is placing a value on her services; she is not satisfied to give all of her valuable time to one patient, who is probably not very ill. We must not forget, however, that the case of minor illness in the homes must be looked after, and even these minor cases should be under the supervision of the highly trained nurse.

"We believe that we must still continue to make a few sacrifices. We are still pioneers, and we should count it a glorious honor to keep the lamp, lighted by Florence Nightingale so many years ago, trimmed and filled and always burning. We cannot allow it even to dim, lest we lose the priceless position that we have gained in the world's work.

The Dead

I feared the lonely dead, so old were they,—
Decrepit, tired beings, ghastly white,
With withered breasts and eyes devoid of sight,
Forever mute beneath the sodden clay;
I feared the lonely dead, and turned away
From thoughts of sombre death and endless night;
Thus, through the dismal hours I longed for light
To drive my utter hopelessness away.

But now my nights are filled with flowered dreams
Of singing warriors, beautiful and young;
Strong men and boys within whose eyes there gleams
The triumph song of words unknown, unsung;
Grim death has vanished, leaving in its stead
The shining glory of the living dead.

—Sigourney Thayer, in the *Atlantic Monthly*.

Mr. D. D. MacDonald, principal of the Orde Model School, Toronto, Canada, paid a recent visit to the United States to make an intensive study of sight-saving classes, and institutions and classes for the education of the blind, preparatory to opening classes in Toronto His report of the work was deemed of such interest that it has been published in pamphlet form under the title, "Report *re* Sight-Saving Classes and Education of the Blind." Those interested to "see ourselves as others see us" can doubtless obtain a copy from the Board of Education, Toronto, Canada.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE IX.—Continued

20

Some Great Names in the History of Medicine from the 17th Century Onward.

Authorities Consulted: Epoch-Making Contributions to Medicine and Allied Sciences, by Camac; Michael Servetus, by Sir William Osler, Bart., Johns Hopkins Hospital Bulletin, January, 1910; Ambroise Paré —Man and Surgeon, by W. G. Turner, M.D.; Montreal Medical Journal, June, 1908; William Harvey, by D'Arcy Power; Lord Lister, by Sir John Rickman Godlee, Bart.; Biographical Sketches and Appreciations of the Late Sir William Osler, in the Osler Memorial Number of the Journal of the Canadian Medical Association, July, 1920 (123 pages, 15 illustrations, price $1.10; publishers' address, 836 University Street, Montreal); William Osler, Biography and Tributes to His Memory, B. M. J., January 3 and 10, 1920; Sir William Osler, Bart., by His Friends, Associates and Pupils; Johns Hopkins Bulletin, July, 1919.

Remarks: The lives of such men as the following are to be regarded as the stepping-stones by which the art and science of medicine emerged from the obscurity of mediaevalism into the full brilliance of modern medical practice, teaching and research. Each was a great observer and scientist who followed the Hippocratic method and whose genius has cast a flood of light upon his own and succeeding generations, and the lives and names of each should be familiar among those who claim to be, in the care and nurture of the sick, the disciples, as well as the co-workers and the ministers, of the great clinicians. They may be fitly mentioned here, at the close of this short outline, as representative of that great art and science of medicine, at the side of which the profession of nursing holds an honorable place as being, first, last and always, its ally and ancillary.

Slide 211—Michael Servetus (1507-1546). Anatomist, physiologist, author and martyr. Discovered the pulmonary circulation, and was a fellow student with Vesalius, the great anatomist. Published celebrated medical and philosophical works; was denounced to the Spanish Inquisition by the reformer Calvin as a heretic on account of certain sceptical statements in his medical works, and was burned at the stake in Geneva in October, 1546. (See classical article by Osler, profusely illustrated, cited above.)

Slide 212—William Harvey (1578-1657). Anatomist and surgeon. Discovered the circulation of the blood and demonstrated it by modern experimental

methods. This discovery revolutionized previous ideas on physiology and laid the foundations of the principles of modern experimental medicine.

Slide 213—Ambroise Paré (1510-1590). A barber-surgeon of Paris and known as the founder of modern military surgery. Was surgeon to four different kings of France, and through various campaigns ministered to the most eminent generals and statesmen of his time. Abolished the use of boiling oil as an antiseptic in gunshot wounds, and established the principles of surgical cleanliness and good surgery. Published much on every possible subject in medicine.

Slide 214—Laennec (1781-1826). Educated under Corvisart, another great French clinician. Discovered the use of the stethoscope in auscultation of the chest, and is recognized as one of the founders of modern physical diagnosis. Died, at 45, of pulmonary tuberculosis.

Slide 215—Laennec at the Hospital Neckar in Paris, by the bedside of a patient whose chest he has been examining. Note the stethoscope in his hand, which is a single barrel for one ear only. This is the form of the instrument as he used it.

Slide 216—Sir James Paget (1814-1899). A great pathologist and teacher, and one of London's great consulting surgeons. In early life was Warden of St. Bartholomew's Hospital College and Curator of its Museum and Professor of Anatomy and Surgery at the Royal College of Surgeons. Was the friend and contemporary of Miss Nightingale and a warm supporter of the trained nursing movement. Was an active member of the Queen's Jubilee Committee formed in 1887 to organize District Nursing and a charter member of the British Nurses' Association.

Slide 217—Joseph, Lord Lister. Born in 1827, of Quaker parentage; died 1912. Pupil and assistant to the great surgeon Syme and later Professor of Surgery at Glasgow (1860), Edinburgh (1869) and King's College, London (1876). Baronetcy in 1880; Peerage in 1897. Discovered the principles of antisepsis and asepsis (1865-1867) and their application in clinical surgery. One of the greatest geniuses the medical world has ever known, and greatest benefactor the human race has ever had. Revolutionized the art of surgery and created the art of surgical nursing by his great discovery. He was the friend and contemporary of Pasteur; a close student of botany, pathology, bacteriology, with a genius for experimental medical research and for clinical surgery.

Slide 218—Scene from the Pasteur Jubilee at the Sorbonne Palace, December 27, 1892. Pasteur rose to embrace Lister. From a picture by H. Rixens.

Great Names, Canadian-Born

Slide 219—Sir William Osler, Bart., M.D., D.C.L., L.L.D., D.Sc., F.R.S., F.R.C.P. (1849-1919). From a recent photograph of him as Regius Professor of Medicine, taken by Messrs. Elliott & Fry, London, and published in the British Medical Journal of January 3rd, 1920.

Remarks: In origin and early development "Our Great Canadian." Born at Bondhead, Ont., on July 12th, 1849, the son of the Rev. F. L. Osler, an Anglican missionary clergyman. Educated at Trinity College School, Weston, Ont., under the Rev. W. A. Johnson, and then at Trinity College, Toronto, in Arts, and Toronto School of Medicine until 1870, when he went to McGill University and graduated from the Faculty of Medicine here in 1872. Appointed in 1874, after two years' post-graduate study in Europe, Professor of the Institutes of Medicine at McGill, and in

1877 Pathologist to the Montreal General Hospital. Served here until 1884, and then became Professor of Medicine at the University of Pennsylvania and in 1889 at the Johns Hopkins Hospital, Baltimore, and shortly thereafter Dean of the Johns Hopkins Medical School. Married, in 1888, Grace Revere, widow of Samuel D. Gross, Jr. In 1905 appointed Regius Professor of Medicine at Oxford University, the highest medical honor in the gift of the British Crown. Baronetcy in 1911. Took a prominent part in the Imperial Councils throughout the Great War, and his only son, Lieut. Revere Osler, fell in Flanders in 1917. From his earliest youth an untiring student of nature and an enthusiastic lover of his kind, William Osler developed, on the basis of strenuous early researches made during his Canadian period upon the facts of disease as revealed by the microscope and the gross appearances of pathological anatomy, into a great physician, and probably the greatest clinical teacher of his time; his chief service in this direction being the uniting, to a degree not previously achieved, the knowledge gained at the hospital bedside with the teachings of the laboratory and the medical school. He was also a profound classical scholar, and a prolific writer, and beyond and before everything, through the early teachings of his remarkable parents, he was a worker in the halls of righteousness, who did the day's work with a single-minded consecration to its higher issues that brought, under the impact of his genius, extraordinarily far-reaching results. His influence upon the clinical and medical school education of the three generations which are covered by his life, was of a peculiarly personal and inspiring kind, and he probably did more to elevate and advance the standard of medicine, and indirectly of hospital organization, and so of nursing, on this continent than any other single man among his contemporaries. He was deeply interested in all progressive humanitarian movements, and gave a number of addresses on nursing and to nurses. His death of influenzal pneumonia, on December 29th last, came with a shock of sorrow to the English-speaking world.

(Slides Nos. 218 to 229, following, are upon Sir William Osler's Canadian period. Of these, Nos. 218 to 222 are from a lecture on his early days, by Dr. Norman Gwyn, and are loaned and published here by his kind permission.)

Slide 220—Parsonage at Bondhead, Ont., the birthplace of Sir William Osler.

Slide 221—Parsonage at Weston, Ont., in which the Weston School was held.

Slide 222—Rev. W. A. Johnson, parish priest of Weston, Ont., and headmaster of Weston School, and a naturalist of high order, whose influence upon Osler in this period was singularly strong.

Slide 223—William Osler as a prefect at Weston School.

Slide 224—The Dundas Marsh, near his childhood home, where the boy Osler hunted and studied with his teacher the microscopic Canadian Diatamoceae and Polyzoa, scientific researches of a high order, published later in the Canadian Naturalist for 1881 and 1883, and which literally teem with scientific enthusiasm and intellectual vigor.

Slide 225—The microscopes of his student days. Used assiduously by his teachers, Johnson and Bovell, and by him at a time when this instrument was

otherwise almost unknown and practically unused on this continent. From a photograph by Dr. Gwyn of these microscopes, now the property of Toronto University.

Slide 226—William Osler as a student of medicine at McGill (about 1872).

Slide 227—Dr. William Osler, about 1881, during his Montreal period, while Professor of the Institutes of Medicine at McGill.

Slide 228—A page from the Autopsy book of the Montreal General Hospital of 1877, written in his own hand.

Slide 229—The opening page of his first valedictory address delivered to the students of McGill in 1877.

Slide 230—Dr. Osler, about 1904. From a photograph of him, seated, with hand on brow, taken by Messrs. Notman & Son, on the occasion of a return visit in 1904.

Slide 230—The Harris portrait. Painted by the late Mr. Robert Harris, R.C.A., to the order of the graduates of McGill in the winter of 1905.

Saskatchewan Registered Nurses

In Convention in Saskatoon, October 30th, 1920

As an experiment, a one-day fall meeting had been arranged for at the last annual convention, and so successful was the meeting that plans were made for a short session next fall, to either precede or follow the annual meeting of the Saskatchewan Hospital Association to be held in Regina. Fifty nurses or more, representing hospitals and various nursing activities from twelve or more cities and towns of the province, were present at both morning and afternoon sessions, and all voted the day as very worth while.

Following the opening of the meeting by the repetition of the Lord's Prayer, an address of welcome was given by His Worship the Mayor of Saskatoon. Following his words of welcome, Dr. Young dwelt upon the high ideals of the nursing and medical professions, and how, at times such as this, when we meet in convention, it is fitting that we should remind ourselves of the aims for which our organizations exist, and of the splendid examples set us by the great leaders in our profession, lest we should be led, unthinkingly, to follow the trend of the times and turn aside on the paths leading to materialistic things. Sister Allaire, of the Grey Nuns' Hospital, Regina, responded most fittingly.

The president's address was followed by the reading, by the president, Miss Urquhart, of the report of the delegates to the annual convention of the Canadian National Association of Trained Nurses. The report had been prepared by the retiring secretary, Miss Jean Wilson. The president voiced the feelings of all the members present in expressing how much Miss Wilson's presence was missed, this being the first meeting of the association without her presence, and in expressing the hope of her speedy return to the province. Miss Jean Browne, to whom the association and the nurses of Saskatchewan owe so much, was also

very much missed; but all her friends rejoiced in the great honor bestowed upon her in the award to her of the one Canadian scholarship, the gift of the International Red Cross Society. Her return, at the close of the year in King's College for Women, London, England, and the great fund of interest she will bring back with her, are pleasantly anticipated. A warm welcome from the association was also extended by the president to the new secretary-treasurer, Miss Mabel F. Gray.

The remainder of the morning was taken up with various business matters, and with amendments to the constitution and by-laws, as submitted by the council for ratification.

At the afternoon session a paper on "Child Welfare," prepared by Miss N. Armstrong, of Regina, was read by Miss C. Kier, of Moose Jaw, who also replied to various questions arising during the discussion. Miss A. M. Wiggins gave a most interesting paper and talk on the "Routine of the Dispensaries, and the Nurses' Duties in regard to the Venereal Work of the Province"; while Miss M. Russell, of the school hygiene staff, delighted her hearers by her vivid and most humane presentation of "School Inspection Work Among the New Canadians."

The Student Volunteer Movement was discussed, and the resolution submitted by the executive of the C. N. A. T. N. was endorsed, it being decided to make an effort to link up the nurse student bodies of the training schools of Saskatchewan with this Christian Student Movement.

Upon invitation of the Social Service Council of Saskatchewan, the association accepted the invitation to become a unit of the council, and appointed its representatives upon the council and upon its executive.

The following standing committees were appointed, and representative members from the various sections of the province selected to serve upon them. The names and addresses of the conveners are given, so that any member may communicate with them on matters coming under their jurisdiction:

Public Health Committee—Convener, Miss Edna Morgan, Regina Normal School.

Committee on Nurse Education—Convener, Sister Raphael, Providence Hospital, Moose Jaw.

Committee on Private Duty Nursing—Convener, Miss E. Thomas, 2303 Osler Street, Regina.

To serve upon the Executive of the Social Service Council—Miss A. M. Wiggins, Boyle-Wright Block, Regina.

The question of the revision of the minimum standard curriculum, as recommended for adoption by the C. N. A. T. N. and adopted at the last annual convention of this association, was referred to the newly-appointed Committee on Nurse Education, with the suggestion that they work in conjunction with the committee appointed by the Hospital Association for the same purpose. The committee was also urged to

have the matter in such order that it might be presented for approval of the Senate of the University of Saskatchewan at its next session.

The convention was brought to a most happy close by an adjournment from Convocation Hall to the residence of President and Mrs. Murray, where a delightful social hour was spent, the nurses enjoying the opportunity of getting to know each other, as well as the most cordial hospitality of their host and hostess.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

The monthly meeting of the C. N. A. was held in the club-room on Tuesday evening, January 4th. After the transaction of usual business, Dr. Hingston gave a very interesting lecture to the nurses on the "Philosophy of Nursing."

On Friday evening, January 7th, the nurses gave a Christmas treat to the Mothers' Club of Griffin Town. A bran pie was the chief attraction of the evening, from which every member received a present. Music, dancing and games were enjoyed by all. Afterwards ice cream, cake and tea were served, and the National Anthem brought the close to a very enjoyable evening.

The December meeting of the C. N. A. was held in the club-room on Tuesday evening, 7th inst. After the transaction of usual business, Dr. Dunstan Grey gave a very interesting and instructive lecture to the nurses on "Obstetrics."

The Christmas treat to the Mothers' Club will be held in the club-room, Griffin Town, on Friday, January 7th.

Mme. Pantazzi has had a letter from Miss Dorothy Cotton, matron of the Canadian Nursing Mission in Roumania, announcing the arrival of the unit of nurses, and giving some account of their work and of their impressions of their new field of labor.

Editorial

After a series of unavoidable delays, the public health nursing representatives from each province have voted for their chairman of the Public Health Nursing Section of the Canadian Association of Trained Nurses. The result of the ballots cast was the election of Miss Elizabeth G. Breeze, R.N., of Vancouver, B. C.

Miss Breeze is a graduate of the Hospital for Sick Children, Toronto, getting part of her training in affiliated schools in New York, and also taking a post-graduate course at Roosevelt Hospital, New York City. She organized the school nursing department in connection with the medical department of the School Board in Vancouver, starting as the only nurse. She has now eight nurses on the staff, and a thoroughly organized and progressive department. She has been a charter member of the Graduate Nurses' Association of British Columbia and one of its hardest workers, being secretary ever since its organization in 1912. She has also been an interested member of the local association and of the various public health societies in the city of Vancouver.

* * * *

As mentioned in the notes from Alberta, another university has come into line with a course in public health nursing. Miss Christine Smith, R.N., who for several years has been in charge of the nursing department of the Department of Public Health, Alberta, has resigned that position, and is now the director of the course at the University of Alberta.

* * * *

It is with pleasure that the Editor announces that Miss Mary Catton, of the County of Carleton General Hospital, Ottawa, has taken the responsibility of getting material for the Canadian Association of Nursing Education department of this magazine. Will those interested in the training school and post-graduate work of our nurses do what they can to help Miss Catton?

* * * *

The Editor reports with pleasure, also, the visit of our former Editor, Dr. Helen MacMurchy, who visited Vancouver early in February. Dr. MacMurchy never loses her interest in the magazine, and her first enquiries were for its success. She addressed the Local Council of Women and the Women's Canadian Club, and was the recipient of as much hospitality as could be arranged for during her short stay in the city.

News from The Medical World

By Elizabeth Robinson Scovil

Benzyl Alcohol for Toothache

It is reported from the laboratory of the Johns Hopkins University that benzyl alcohol, either alone or mixed with an equal amount of chloroform, is an efficient remedy for toothache. It is applied on a pledget of cotton in the cavity of the tooth, or to an exposed nerve. The relief is almost instantaneous, and lasts for a long time. It is the least toxic of the well known local anaesthetics, and can be used freely.

Radium in Cancer

It is stated that in inoperable carcinoma of the uterus radium has produced startling results, which are, for the most part, temporary. When the cervix is involved, and there is an offensive discharge, radium is of use, and also relieves the pain that is usually present.

Origin of the Cancer

A writer in the *Lancet* thinks cancer is not a specific disease caused by the activities of a special parasite, but is a disordered growth of epithelium caused by various physical or chemical irritants, the most important being the toxins of the micro-organisms. Damage of the structure of a cell causes its degeneration, the balance of metabolism is disturbed because the special function of the cell is impaired, and there is persistent over-growth, which we recognize as the disease.

The Nursing Mother

Maternal nursing is considered of such great importance to the child that a number of towns in France provide food, shelter and a small sum of money for every working woman who will agree to nurse her own child.

Infantile Scurvy

It is said that when a baby keeps its limbs still and cries when they are touched, scurvy is to be suspected even if the gums are not affected.

Sterilizing Ureteral Catheters

It is suggested that catheters may be sterilized, without boiling, by placing them in a tall cylinder filled with any suitable antiseptic solution. The eye end of the catheter is placed at the bottom of the vessel, and the catheter is filled with the solution by means of a syringe. The distal end is then depressed so that the siphonage is established. The

lumen is bathed in an antiseptic current until the cylinder is empty. The procedure can be repeated as often as is necessary.

Natural Anaesthetics

Oliver Wendell Holmes says, in one of his works, "Elsie Vernon": "Nature was before man with his anaesthetics. The cat's first shake stupifies the mouse, the lion's first shake deadens the man's feeling and fear, and the crolatus paralyzes before it strikes."

Hudson's Bay Fellowship

The Hudson's Bay Company, to mark the 250th anniversary of its foundation, has founded a fellowship, of the annual value of $1,500.00, for ten years. It is to be known as the Hudson's Bay Company Research Fellowship, will be awarded annually, and is open to graduates of any Canadian university. It is tenable at the University of Manitoba. Each fellow must devote his entire time to original research in some branch of pure or applied science, including the medical sciences.

Heat as a Preventive of Shock

In a letter to a medical journal from a surgeon practising in Korea, he states that cases of shock following operation are very rare in his practice. Chloroform is the anaesthetic used. He attributes the absence of shock to the practice of placing patients on the hot floor common in Korean houses. The floor is of stone, covered with plaster, and over this a thick layer of paper like linoleum. The floor is heated by smoke from the fire for cooking passing beneath it. Could not a system be devised by which hot air would be conducted to the under part of beds used by patients immediately after an operation?

Menstruation During School Life

In an article in the *British Medical Journal* it is stated that during an investigation of 1,200 healthy girls 73 per cent. were found to be absolutely free from any disturbance during menstruation. The practice of taking baths at this time and of exercise was commended as preventing the congestive forms of dismonorrhea and constipation.

Cream Mixtures for Infants

When whole milk cannot be borne, it has been found that cream diluted with one-third, one-half, two-thirds or three-quarters of water may be retained. The cream must be suitable for whipping.

Protecting Adhesive Plaster

It is stated that where it is necessary to protect adhesive plaster from secretions that might loosen it, painting with a few coats of flexible collodion will effect the purpose. It will harden quickly if fanned for a few moments. Benzine may be employed to remove it, or, if this is not sufficient, an application of ether may be used first.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia

Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick

Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario

Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba

Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan

Miss Edna Morgan,
Normal School,
Regina.

Alberta

Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia

Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

At a meeting of the Advisory and Consultative Committee of the Canadian Red Cross Society, held in October last, the following resolution was submitted to the Central Council, by which body it was later adopted:

"Moved by Dr. R. D. Defries, seconded by Dr. Ruggles George: Whereas it appears that the work of each voluntary organization in public health would be enhanced by a wider diffusion of information on the work of all the separate organizations, it is recommended that a sub-committee, representing the constituent bodies of the Advisory and Consultative Committee, be appointed to consider and advise a definite method whereby this end may be achieved, this committee to consist of Dr. Gordon Bates (chairman), Dr. George D. Porter, Dr. C. M. Hincks, Miss E. M. Forsythe, Dr. Ruggles George, Miss Fairley, Mrs. Plumptre, Dr. R. D. Defries, Dr. C. A. Hodgetts, Miss Waagen, Mrs. Hanington and Miss E. MacP. Dickson."

In conformity with this resolution, the chairman called a meeting

of this sub-committee in the board rooms, Canadian Red Cross Society, 410 Sherbourne Street, Toronto, for January 7th.

It was decided by this committee that, for the present, the *Canadian Public Health Journal* offers the best channel for wider diffusion of information on the work carried on by the various organizations, since it was widely read by physicians, nurses, and the laity.

Each member of the committee, who represented a journal or organization, promised support of this undertaking, and was asked to send in material for the March number.

The committee is to be called early in April for further conference.

If we nurses wish to take our true place among those in the field of public health, it will be necessary for us to make a greater effort in the matter of publicity than we have done in the past. There has been some good material sent in to this page during the past years, and we hope that, when the chairman, vice-chairman and secretary-treasurer of the section are finally appointed and develop their policies, the amount of material submitted from the nine provinces will make it possible for the *Canadian Nurse* to forward suitable reports to the *Canadian Public Health Journal*.

PUBLIC HEALTH NURSING COURSE, UNIVERSITY OF BRITISH COLUMBIA

Public health nursing courses seem to be in the air, and rightly so. They are being arranged in connection with universities—and rightly so again.

The course in connection with the University of British Columbia was planned some time ago; but, owing to lack of the necessary funds, these plans were not carried out until November, 1920, when the Red Cross made a grant to the University to endow a Chair of Public Health, with a part-time professor and a full-time director of public health nursing.

The first course, which is now in progress, is a short one, consisting of six weeks' academic work, followed by eight weeks' field work, at the conclusion of which an examination will be held. Three prizes of $100.00, $60.00 and $40.00 have been offered to the three students who rank highest. Twenty-six students enrolled for the course.

The academic work was as follows:

1. Twelve lectures on each of the following:
   (a) Public Health Nursing,
   (b) School Hygiene,
   (c) Communicable Diseases,
   (d) Modern Social Problems.
2. Six lectures on each of the following:
   (e) History of Nursing,

(f) Social Service Problems,
(g) Personal Hygiene,
(h) Medical aspects of Infant and Maternal Welfare,
(i) Tuberculosis,
(j) Mental Hygiene,
(k) Sanitation.

3. Ten lectures on Teaching Principles, three on Provincial Legislation, and two on Municipal Health Departments.

For the field work the class was divided into sections, each of which received instruction and experience under trained workers in the following: Urban school nursing, tuberculosis, bedside, day camp and clinics, visiting nursing, pre-natal work, rural bedside, school nursing and health centres, child welfare, clinics, following up work with infants and with children of pre-school age, medical social service and settlement work. Weekly conferences were held during the field course and a number of excursions to institutions, industries, etc., were arranged for during the academic course.

The course has been very intensive, but the students have risen to it and have worked with great enthusiasm.

Too much praise cannot be given to the lecturers and to the various social agencies that have co-operated with the University Department in such a splendid way to make the course a success—the Vancouver School Board, the Boards of Health, the Rotary Clinic, the Victorian Order of Nurse, the Health Centres at Saanich, Duncan and Colwood, on Vancouver Island; the Vancouver Community House, the Turner Institute Settlement, and the Social Service Department of the Vancouver General Hospital.

Next year a full academic year will be devoted to the course, when several important subjects which had to be left out this year will be added to the curriculum. The students will be able to obtain a more comprehensive grasp of the various subjects presented; they will be able to do a great deal more supplementary reading than was at all possible this year; and last, but by no means of least importance, they will be able to have more practice in the various phases of field activities.

The chief benefit we claim for this short course is that a beginning has been made, that it is in the right direction, and, as "ce n'est que le premier pas qui coute," we feel all 's right with the future.

M. Ard. Mackenzie,
Director.

* * * *

[Editor's Note:—The following letter comes from Miss Jean Browne, holder of the Red Cross scholarship for Canada. We who know Miss Browne, and the work she has been doing here, will feel sure that the other women of the selected group will have a clearer knowledge of the public health work done in Canada after listening to

her lucid descriptions of conditions and improvements due to the work of herself and the other public health nurses who are doing the pioneer work in Canada. It is to be hoped that other letters will follow from Miss Browne for this department of the magazine.]

"King's College for Women gives five distinct courses — a three years' course in household science leading to a degree if the students taking it have matriculated before entrance; a two years' course in social science; a two years' course for health visitors for students who have not had a nurses' training; a one year's course for sister tutors, this being open only to graduate nurses; and a course for school matrons.

The course in which public health nurses will be most interested is the health visitors' course. As I said before, it is a two years' course, but trained nurses and V.A.D's with three years' experience are allowed to take it in one year. You will see, then, that the health visitor in England is not necessarily a trained nurse. The subjects included in this course are: Physiology, Physics, Chemistry, Bacteriology, Hygiene, Economics and Household Work. Nearly half the time of the second year is spent in practical work in connection with infant welfare centres and school care committees.

The class of international scholars brought to King's College by the League of Red Cross Societies may approximately be classified as follows: (1) Those who are not trained nurses, but who had experience in war work; (2) those who are trained nurses, but who have not done public health work; (3) those who are trained nurses and have done public health work.

The students in groups (1) and (2) have been given a somewhat modified Health Visitors' course. They have not taken Economics, and the work they have taken in Physics and Chemistry has been very elementary. Since it was considered that most of this course was too elementary for the nurses in group (3), which consists of the two U. S. A. scholars and the Canadian scholar, this group attended lectures in Hygiene, Infant Welfare, Economics and Social Administration. Group (3) during the second term, instead of staying at King's College, will be given an opportunity of seeing various public health activities in England and France.

Canadian public health nurses will doubtless be interested in hearing something of the organization of public health services in London. There are three distinct and separate activities—school work, infant welfare work, and tuberculosis work. The first of these is under the Education Committee, and the other two under the Public Health Committee of the London County Council. Infant welfare and tuberculosis work do not differ markedly from work of the same nature conducted in Canada, so far as I have observed; but the school work is strictly different. The follow-up work is done by school care committees, which are, for the most part, composed of voluntary untrained workers. Each

school care committee has a secretary, who is responsible to the district organizer. There are twelve such district organizers in London, who are, in turn, responsible to the chief organizer. The chief organizer is an official of the Education Committee. It is now necessary, I believe, for a district organizer to be a trained social worker.

The activities of school nurses are confined to being present during the medical examination, and to being responsible for the personal cleanliness of the pupils. Nurses at the various treatment centres do the minor dressings. Home visits are made by members of the School Care Committee.

In conclusion, I wish to say a word about the personnel of the international public health students at King's College. As readers of the *Canadian Nurse* know, there are nineteen in this class—two from U. S. A. and one from each of the following countries: England, Sweden, Denmark, Switzerland, France, Belgium, Portugal, Italy, Poland, Czecho-Slovakia, Roumania, Servia, Greece, Russia, Peru, Venezuela, and Canada. I consider it to be a rare privilege to be associated with such a selected group of women. One could go through the whole list and mention outstanding characteristics. To be brief, let me mention only the two students holding the Florence Nightingale Medal—Miss Tiedemand, of Denmark, and Miss Chluzuiska, of Poland. The scholar from Denmark with her clear-cut, logical mind will continue to make contributions to the nursing profession. If there is one thing more than another needed in the nursing profession to-day, it is clear, straight thinking. The scholar from Poland is a scholar in every sense of the word. She is by way of being a poet and writer herself, and her knowledge of English literature puts to shame most of us who claim English as our mother tongue. It has been interesting to note the leavening influence of the Latin races in those of the northern races. The former have dispensed warmth and spontaneity and gladness, while perhaps the latter have made some contribution by an intensity and clearness of purpose. At any rate, an almost unprecedented opportunity has been given for exchange of thought among professional women from various parts of the civilized world.

When glasses stick, after being placed one in the other, so there is danger of breaking them in getting them apart, a little cold water in the upper one will contract it, and a warm bath for the lower one, which will cause expansion, thus enabling separation.

An obstinate big spot of iron rust, after many failures with lemon and salt, yielded at first trial by this method: Cover thickly with powdered alum and lay over the open top of a tea kettle of boiling water. Steam about ten minutes. For grass stains on white linen dresses, wash the spot in alcohol, then in clear water. This is so much cleaner than lard or molasses.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

In submitting for publication in this department of the *Canadian Nurse* the following outlined recommendations for a syllabus to be adopted by the Ottawa Isolation Hospital, I am prompted by the hope that it may in time be of advantage to those graduate nurses who may desire to avail themselves of such an opportunity to prepare for the rapidly developing field of public health.

These recommendations were presented to the chairman and members of the Ottawa Health Department and representatives from the local training schools at a meeting in the City Hall, when a unanimous decision was expressed in favor of them. Certain difficulties, however, were in the way of putting such a course into immediate effect, owing, particularly, to limited housing accommodation for nurses.

Definite plans at this time of writing are under way for carrying out this scheme, and a residence for nurses is almost completed. Hopes are entertained of a bright future awaiting the Ottawa Isolation Hospital nursing department.

Beautifully situated on an elevation overlooking the Rideau River and Strathcona Park, the hospital situation is ideal.

Here the pupil nurses of the three local general hospitals receive a three months' course of training; but the number supplied is not adequate to the need, and many graduates are of necessity employed for general duty. Financially, the hospital must realize a great advantage in establishing this post-graduate course, and, at the same time, affords a great advantage to those graduate nurses who have not had a previous opportunity of training in contagious disease nursing, so necessary to public health work.

Public health work is looming up over the horizon, with brilliant colors, which indicates a bright outlook for the nurse who prepares herself for such work. Who may not predict the possibility of Ottawa becoming a prominent health centre, and the Isolation Hospital Training School the nucleus of such in the not distant future?

Very soon definite announcement will be made, through the *Canadian Nurse Journal*, of regulations for application.

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1. That, in order to meet the urgent need of more nurses to care for patients in the civic isolation hospital, your board considers the question of establishing a post-graduate course of four months, and offering, as an inducement, an allowance of forty dollars per month.

with maintenance; in addition, a special course of instruction, which might be summarized as follows:

One one-hour recitation or demonstration class with the superintendent of nurses and her assistant each week, for sixteen weeks.

One one-hour lecture by a physician (the medical superintendent) each week, for sixteen weeks.

Daily Laboratory Experience—Taking Swabs; Administration of Serums; Culture Study; Preparation of Media, etc.

Proposed course of lectures by the physician:

Demonstration, three lectures — Bacteriology; Board of Health Regulations; Administration of Antitoxin; Taking Swabs.

Demonstration, one lecture—Culture Media; Culture Growth.

Demonstration, one lecture—Intubation Instruments; Intubing Cadaver; Extubing Cadaver.

Advised as an emergency aid and conservation measure, considering the shortage of physicians.

One Lecture—Diphtheria and its Complications; Scarlet Fever.

One Lecture—Measles; Chicken-pox; Smallpox.

One Lecture—Influenza and Colds; Pulmonary T.B.

One Lecture—Whooping-cough and Complications; Laryngeal Croup; Mumps.

One Lecture—Visits to the Milk Stations and Board of Health Laboratories.

Supplementary Clinical Talks and Study of Objective Symptoms.

Exhibit of Preventive Measures.

Three Lectures—General Sanitation.

One Lecture—Quizz.

One Lecture—Examination.

Proposed Instructions by the Superintendent of Nurses:

General Nursing Care.

Precautions necessary to safeguard the public, the patient, and the nurse herself.

Methods of disinfection, fumigation, etc.

Care of the patients' clothing.

Precautions in the discharging of the patient.

Precautions by the nurse herself when preparing to go out into the public.

Care of the body after death.

Demonstrations—Oesophageal Feedings; Nasal Feedings.

Steam tent treatment.

Sanitation of wards.

Ventilation.

Causes of cross infection.

Nursing care necessary to the prevention of sequelae in scarlet fever, measles, etc.

Recitation Class—Studies from some book on contagious and infectious fevers selected by your Board of Health.

That these classes be conducted weekly throughout the entire year, so that the student nurse may be able to cover the entire course of instruction, in order of rotation, regardless of any special time of entry.

That a diploma be given to the student who completes the prescribed course.

Features of attraction in such a course:

1. That it will serve as a preparation for the coming provincial registration examinations.

2. That the allowance will serve as a financing preparation to the expense involved in going to the examining centre.

3. That nurses so trained must necessarily be in line for positions in schools, milk stations, relief stations, child welfare, bureaus and hospitals.

That the local hospitals continue to supply nurses, as has been customary, until such time as may be required to establish this post-graduate system on a favorable working basis.

That extensive and continued publicity be given to this "course" in the *Canadian Nurse* and the newspapers.

Respectfully submitted,

MARY A. CATTON.

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[EDITOR'S NOTE:—Another university is in line for post-graduate work in public health nursing! The University of Alberta gives a short course of twelve weeks, starting January 17th, but intends to put on a full year's course in October next. While this is the first definite course open to graduate nurses, there has been work done for several years at the university with a three months' course given for nurses who were to be taken on the staff of the P. H. nurses of the province. As Miss Smith, superintendent of the P. H. N. branch of the department, says, "We cannot claim the credit in Alberta in being the first province to establish a course of public health nursing in the university, but we can claim the credit for being the first province in Canada to give a training in public health nursing."]

UNIVERSITY OF ALBERTA

POST-GRADUATE COURSE IN PUBLIC HEALTH FOR NURSES

SESSION—The course will be given over a period of twelve weeks, from the 17th of January.

OBJECT—To educate nurses in this province so that they will be qualified to undertake work in the Public Health Nursing Branch of the Department of Public Health.

SUBJECTS REQUIRED—These are arranged under the following headings: (1) Public Health Nursing; (2) Public Health or Hygiene and Sanitation; (3) Psychology; (4) Sociology; (5) Clinical Lab.

No exemptions or credits will be given.

COURSE 1921—(1) Public Health Nursing: (a) Principles and Practice of Public Health Nursing, (b) Public Health Nursing Administration; (2) Hygiene and Sanitation: (a) School Inspection, (b) Venereal Disease, (c) Communicable Diseases, (d) Tuberculosis, (e) Provincial Public Health Act, (f) Sanitation and Bacteriology; (3) Psychology, Mental Defectives; (4) Sociology: (a) Food and Diet, (b) Child Welfare, etc., (c) Short Course in Public Speaking; (5) Clinical Laboratory.

FIELD WORK—Under this heading will be included demonstrations and practical work in the provincial and municipal health organizations.

ADMISSION REQUIREMENTS AND REGULATIONS—(a) Graduate nurses desiring to enter for the course must present evidence of education up to Grade X of the public schools or its equivalent. (b) Evidence of the satisfactory completion of a course in a nurses' training school of approved standards in accordance with the law of the province. Nurses must be registered when coming from state or province where registration is in force.

FEES—The fee for the course is $25.00, to be paid in advance, and $5.00 will be charged for the certificate.

ADMISSION—Admission may be arranged for those nurses desiring to enter the Public Health Nursing Branch of the Department of Public Health in accordance with the advertisements already published in the daily papers by the Superintendent of the Public Health Nursing Branch of the Department of Public Health. Such nurses will not be required to pay any fee by the University. Graduate nurses desiring to take the course on their own initiative will be required to pay fees as already stated.

GEMS OF THOUGHT

Faith, like light, should always be simple and unbending; while love, like warmth, should beam forth on every side, and bend to every necessity of our brethren.—LUTHER.

He who is not liberal with what he has, does but deceive himself when he thinks he would be liberal if he had more—W. S. PLUMER.

The heart of him who truly loves is a paradise on earth; he has God in himself, for God is love.—LAMENNAIS.

Next to acquiring good friends, the best acquisition is that of good books.—COLTON.

Love gives itself; it is not bought.—LONGFELLOW.

Preventive for Typhoid Fever

Inoculation Undoubtedly Saved Lives of Many Canadian Soldiers Exposed to Typhoid Conditions

By C. A. Hodgetts, M.D.

One striking example of the efficacy of modern medicine is the marked result obtained in the prevention of typhoid fever in the European armies. In former wars, this disease wrought havoc both in field and camp. Two instances will serve to illustrate: In the South African war, the deaths totalled over 8,000 in 57,000 cases of the disease; in the Spanish-American war, of an army of over 100,000 men, practically one-fifth (20,734) was attacked. During the recent war, there were only scattered cases of the fever and occasional small groups of cases in different units. The deaths among the troops, while under the most severe of active service conditions, were slightly below that of the civil population of similar ages and for the same period, in England and Wales, where the typhoid death rate is always low.

The marked change brought about by inoculation has made the word, at least, familiar to the public, although, possibly, few understand the method. The anti-typhoid vaccine is a liquid containing large numbers of dead typhoid bacilli and the toxins formed in bacillian cultures, and is administered by being inserted under the skin by means of a hypodermic needle. The effect is either to counteract or prevent typhoid fever, thus acting as a preventive or prophylactic.

Inoculation against typhoid was early adopted in the Canadian forces, 23,000 of the first contingent voluntarily receiving treatment at Valcartier. Its success has been amply demonstrated. Reports received clearly show that the non-inoculated soldier is much more liable to contract typhoid fever than is the inoculated; also, should the disease be contracted, the non-inoculated case is between three and four times more liable to terminate fatally. It has been found that the severity of the attack is generally much lessened, and that inoculation protects against relapses and complications, while convalescence is more rapid. When inoculation is performed early after infection, it reduces the virulence of the attack.

The experience of the French army is similar to that of the British. It is authoritatively stated that the number of cases of typhoid in the German army at once declined when inoculation was carried out, and so marked was the result that, by 1915, all the armies of the Central Powers had been inoculated against typhoid fever.

A raw egg added to the morning cup of coffee makes a good tonic and is often relished in this mode when others fail.

The World's Pulse

By Elizabeth Robinson Scovil

Supernumerary Eyes

The *Lancet* says that nerve endings hitherto unknown have been discovered in the skin and another form in the snout of the pig. A professor in the University of Paris assumes these to be microscopic eyes, which could possibly be trained to see. He believes he has discovered a latent faculty which may open a way for the blind to see by the education of these unused eyes.

Canada as a Link

Sir Campbell Stuart, managing director of the *Times*, said, at a dinner given in his honor: "We Canadians who are of British race are also of the Western Continent. We possess an individuality of our own, and are conscious that we have our own part to play in cementing a true union of ideals between the Anglo-Saxon race in the old world and the Anglo-Saxon race in the new."

Distress in Moscow

It is said there is hardly an extra suit of underclothing in Moscow, and there is an extreme lack of drugs, tools, hardware, shoes, and spare parts of machinery. Even the soldiers are wearing boots made out of the bark of trees. A few imports come from Sweden, but too small a quantity to make such difference.

The Tower of London

The Tower of London moves slightly four times daily as the tide ebbs and flows in the Thames. Many tons of water penetrate under the foundation and moves upward the whole mass of the Tower, the movement being most pronounced in the part nearest the river.

The League of Nations

At a meeting in England in support of the League of Nations, Lady Bonham-Carter said the League was the only chance for humanity and civilization to survive. The next war will be a struggle between poisons and gases. We cannot survive another war.

Motor Cars in Japan

The Emperor and Empress of Japan are relinquishing their horse-drawn carriages and are to have two Rolls-Royce motors, painted red, with broad gold lines. They are 40-50 horsepower, and are to cost $15,000.00 each.

Depression in the Cotton Industry

Not since the Civil War in America has there been such suffering from unemployment among the cotton workers in Lancashire as there is at present. Factories in the United States and in Canada are shutting down, or placing their employees on half time and reduced wages. The distress seems to be general.

Beacons for Air Men

Beacons for the guidance of air navigators are being made which can be seen for a distance of 19 or 20 miles at a height of 10,000 feet.

Chinese Propriety

The chief of police in Shanghai has issued an edict against the styles worn by Chinese women. He warns them against aping foreign styles and displaying ankles and bare arms. He says women's wearing apparel is mostly too short, exposing the ankles; the wearers are devoid of shame, and frequent public streets without embarrassment. In future all such women will be arrested and fined.

A British Columbian Industry

The fir turpentine industry is now flourishing in British Columbia. Vast forests of Douglas fir provide an inexhaustible source of raw material. The trees are tapped like maples; the sap flows into metal containers, and is sent to Vancouver to be refined into resin and turpentine. The tapping does not injure the trees, but is said to make the wood firm and closer in grain. Poor trees growing on rocky soil are found to yield the most sap, making useful trees which hitherto have not been marketable.

The Bolshevists and Books

It is stated that the Soviet Government has resolved to abolish the right of private ownership of books in Russia. All existing libraries will be appropriated by the State, and in future it will be illegal for private individuals to acquire or continue to own a book.

McGill Centenary

In connection with the centenary of McGill University, it is interesting to know that the founder, James McGill, was a native of Glasgow, who, as a young man, emigrated to Canada in 1774. He settled in Montreal, became a successful merchant and a leading man in the fur trade, and left money to establish a college. This has grown to be the largest university, outside Scotland, where Scottish university traditions prevail to this day. Its first faculty, that of medicine, was established by doctors who had studied in Scotland.

Heat applied to the abdomen in the form of a hot-water bag or hot stupe will frequently induce sleep in a nervous or sleepless patient.

Canadian Army Medical Nursing Service Department

Major-General G. L. Foster, C.B., Acting Director-General Medical Services, is on leave, pending retirement. It is his intention to reside in Kentville, N. S.

Colonel H. A. Chisholm, C.M.G., D.S.O., has also retired from the R.C.A.M.C. He has accepted an important post with the Department of Public Health for Nova Scotia.

With the retirement of Major-General Foster and Colonel Chisholm, the Canadian Army Nursing Service loses two of its firmest supporters.

Upon the closing of the Military Hospital, Toronto, Acting Matron E. F. Pense, R.R.C., and Nursing Sister H. N. Stevenson have been transferred to the Manitoba Military Hospital, Winnipeg, Man.

Matron I. A. Cains, R.R.C., visited Ottawa during the Christmas holidays. It is understood Matron Cains contemplates taking up private nursing.

Matron F. Grand has resigned her appointment with the S.C.R., Ste. Anne de Bellevue.

Nursing Sister P. Princep writes from Mackay P.O., British Columbia, that, not feeling physically fit for nursing, she is endeavoring to "earn a living off the land," and is busily occupied with small fruits, some chickens and two cows—not a very paying occupation," Sister adds. Our best wishes for success and prosperity in 1921.

Nursing Sister L. E. Denton, A.R.R.C., has an appointment under the Presbyterian Home Mission Board of the Hugh Waddell Memorial Hospital, Canora, Sask. She finds "a great work to be done on the boundless prairies teaching the 'new Canadian' to be a true Canadian in the best sense of the word."

Capt. and Mrs. Ralph Hughes (nee Nursing Sister Isabel Hughes) are now residing in Moncton, N. B., where Capt. Hughes has a prosperous practice. A little daughter, Nora Patricia, governs the household regulations.

Nursing Sister Anne E. Murray is taking the public health course at Teacher's College, Columbia University, New York. When she gets out in the field, Sister Murray promises to write of her work.

Nursing Sister Emma Berry is "carrying on" as anaesthetist at the Post-Graduate Hospital, New York.

Nursing Sister Gertrude Lightbound has deferred taking up public health work in London, England. She is spending the winter months with her aunt in Mentone.

Nursing Sister Agnes Gallop, A.R.R.C., is employed as first assistant in the operating-room at the Merritt Hospital, Oakland, Cal. She is looking forward to returning next spring to Canada, via the Panama Canal, and hopes to have accompanying her Nursing Sister Olive Smith, who has been in Oakland with a private patient for more than a year.

Nursing Sister Minerva Musselman, after completing a course in public health (Toronto), has accepted a staff appointment at the Medina Hospital, Medina, New York.

Nursing Sister Daisy Copeman has tendered her resignation to the District Nursing Association, of Buffalo, in order to take up private nursing at Moose Jaw, Sask.

Nursing Sister G. I. G. Johnstone, A.R.R.C., well remembered by all who shared the hospitality of the Canadian Red Cross Rest Home at Margate, has been staying in Paris for some months. There is in prospect a visit to Scotland, after which it is Sister's intention to return to Canada. The following appreciation, contained in a letter from Nursing Sister Johnstone, is published without fear of detrimental effect: "When I received orders to report for duty at Margate, I was inwardly panic-stricken; the thought of crowds of nervous, sickly women was overwhelming. But I have never been able to thank you enough for the experience gained. Instead of irritable, cranky women, I found not only the true, unselfish spirit of the nursing profession, but sympathetic affection as well. No body of women could be more thoughtful for one another—calm and always prepared for any emergency. This was particularly noticeable during air raids. I enjoyed every minute of my work in the C.A.M.C."

Nursing Sister E. de Merrall, A.R.R.C., sends greetings from Stril, Denmark, where her husband is British Consul.

A speedy recovery to Nursing Sister Jessie Taylor Scott, R.R.C., who is recuperating in Pasadena, Cal.

Nursing Sister M. Gagne, A.R.R.C., is on the staff of the City Hospital, Prince Leo.

Nursing Sister Jean Johnstone, A.R.R.C., sends greetings from the Sample Sanitorium, Fresno, Cal.

Nursing Sister T. McKeil, A.R.R.C., is matron of the Jordon Memorial Sanitorium, River Glade, N. B.

Nursing Sister E. W. Odell, R.R.C., is on the staff of the Tacoma General Hospital, Tacoma.

Congratulations to Dr. and Mrs. Jack Willoughby (nee Nursing Sister F. E. McCallum, A.R.R.C.) upon the birth of a son.

Nursing Sister G. E. Halpenny, A.R.R.C., has been appointed to the instructional staff, public health department, at the University of Alberta, Edmonton, Alberta.

Mrs. Chamier (nee Nursing Sister Lordly), with her distinguished husband, Col. J. A. Chamier, C.M.G., D.S.O., O.B.E., of the Air Ministry, London, England, expects to visit Nova Scotia during the coming summer.

Nursing Sister R. McCulloch, A.R.R.C., after completing a "refresher" course in laboratory work at Ann Arbor and New York, has been placed in charge of the laboratory at Brandon, Man.

Nursing Sister C. Younghusband, A.R.R.C., recently visited at the Manitoba Militia Hospital, Winnipeg, where she received a warm welcome from Matron McCafferty and the Sisters.

Nursing Sister M. E. McKenzie is on the staff of the Department of Public Health Nursing Service. A sketch of her experiences with the Mediterranean Expeditionary Force is promised in the near future.

Nursing Sister M. F. Kelly, A.R.R.C., has been appointed to the Public Health Department, New York City.

Nursing Sister C. E. Chisholm is engaged in private nursing in Brooklyn, N. Y.

Nursing Sister A. E. MacMahon, R.R.C., has accepted the appointment of assistant superintendent of the District Nursing Association, Waterbury, Conn.

Mrs. J. Hannay (nee Nursing Sister M. S. D. Beaty) writes of life on a farm in Saskatchewan as an entirely new experience for her—one that keeps her brains and hands busy in accomplishing her end of the work. Mrs. Hannay concludes that the varied experiences undergone in the C.A.M.C. tend to develop self-confidence regarding any work undertaken.

Home Sister M. L. Code has left to spend the winter in the south of France.

Home Sister M. Goodeve, resident in Ottawa, is becoming quite expert at badminton.

Home Sister B. Vidal frequently recalls pleasantly the days spent with the Nursing Sisters overseas. She is much occupied at present with two baby grandchildren.

Nursing Sister A. Forrest, R.R.C., has charge of the T.B. Sanitorium at London, Ontario. Associated with her is Nursing Sister A. L. Bradley.

Nursing Sister L. N. Grey, A.R.R.C., is doing T.B. social service work in Winnipeg.

Nursing Sister S. P. Johnson is in San Diego, Cal., on a six months' holiday.

On December 28th, 1920, at Pipestone, Man., to Mr. and Mrs. Jas. Flannery (nee Nursing Sister Helen Potter), a son.

ENGAGEMENTS

Nursing Sister Edith Regan, R.R.C., to Mr. Basil Steed, of Molsons Bank, Ottawa. It is understood the marriage will take place early in June.

Nursing Sister Nina N. Copeman, St. Thomas, Ontario, to Lieut. H. J. Dorrance, M.C., M.M. (1914-15 riband), formerly Intelligence Officer, 1st Canadian Infantry Battalion. The marriage to take place at Winnipeg early in February.

Matron Florence Grand to Major David Hamilton Burn, of Coburg, Ont., the marriage to take place in April.

On December 29th, 1920, in the presence of a number of overseas nurses, officers, prominent medical and military men and civil officials, there was unveiled at the Victoria Hospital, London, Ont., a beautiful bronze tablet—the gift of Colonel Gartshore—in memory of the four graduates of the training school who had given their lives in the service of King and country. In a simple, dignified and solemnly impressive manner, the following order of ceremony was observed:

Chairman, Col. W. M. Gartshore; inovcation, Major Graham; address, Lieut.-Col. H. Williams, M.D.; 'cello solo, Rev. Q. Warner; address,. Lieut.-Col. Seaborn, M.D.; solo, "The Supreme Adventure," Miss Margery Talbot; address, Lieut.-Col. Reason, M.D.; address, Nursing Matron McIntosh; unveiling, Miss Stanley; "Last Post."

Most touching in character were the tributes paid to the heroic nurses, whose sacrifices will prove an incentive and an inspiration to former and succeeding graduates.

The tablet, severely plain in design, bears the coat-of-arms above the inscription, which reads: "In memory of our graduate nurses who gave their lives in serving overseas: Nursing Sister Agnes McDougall, Nursing Sister Henrietta Mellett, Nursing Sister Katherine MacDonald and Nursing Sister Dorothy M. Y. Baldwin. Their names liveth evermore."

It is with profound regret that the death of Nursing Sister Mildred Hope Forbes, R.R.C., is recorded.

In December last Sister Forbes became a patient at the Montreal General Hospital, where she had been in charge of the Social Service, Department of Public Health. On January 8th an operation for intestinal ulcer was performed. She recovered from the immediate

effects, but, at noon on the 9th, severe hemorrhage necessitated a secondary operation. January 10th and 11th were days of great anxiety to her family and friends. On the 12th favorable symptoms developed, and hope made light the hearts of all about her; suddenly, at 9 p.m., Sister Forbes collapsed, never again regaining consciousness, and passing away early on the morning of the 13th. Surrounded by loving hands and loving thoughts, nothing within the knowledge of medical or surgical science had been left undone. Perhaps it was fitting that here, in the hospital where she had found her vocation, should have come the end. Socially, professionally, and in Army circles, the loss will be keenly felt.

Sister Forbes served with distinction in the C.A.M.C. Proceeding overseas in June, 1915, she was stationed first in England, subsequently with the Mediterranean Expeditionary Force, and later with the British Expeditionary Force, France. Owing to climatic and other unaccustomed conditions, nursing at Lennos and Salonica proved exceedingly trying. The malaria and dysentery contracted undoubtedly left their marks upon the constitution of Sister Forbes. From the Near East she was recalled, to take up the duties of Assistant Matron-in-Chief, London. With marked administrative ability, Sister Forbes combined a thoroughly frank, lovable disposition that endeared her to all with whom she came in contact, and more especially to the members of the Service. But the routine of office proved irksome—she longed for more active work in the field. Accordingly, she became Acting Matron of No. 2 Canadian Casualty Clearing Station, then at Remy Siding, near Ypres, and later at Esquelbecq.

In compliance with her own wish, Miss Forbes was permitted to relinquish the appointment of Acting Matron, subsequently serving as Nursing Sister with the Canadian Forestry Corps Hospital in the Jura and in the Facture District.

October, 1917, in recognition of valuable services in connection with the D.G.M.S. Office, London, Nursing Sister Forbes was awarded the Royal Red Cross, First Class. Her work in France merited special mention in the despatches of Field-Marshal Lord Haig, and, in further recognition of distinguished service, the President of the French Republic conferred upon her the Medaille des Epidemic en argent.

In the annals of the C.A.M.C. the name of Mildred Hope Forbes shall ever be warmly remembered.

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CHRISTMAS AT A SASKATCHEWAN OUTPOST

The Red Cross flag flying over a small white house in the Northland, where houses are called shacks, is all the distinction that marks the Outpost; but in several of the homes there are little guests who first saw the light of day under the Red Cross, and so it has become a

part of the community. Presiding over all is a nurse, who, if seen in an official capacity, will appear a white-robed figure wearing the badge of the Red Cross on her left arm and also the badge of overseas service, but, if you come upon her unaware, you may find a different costume, for the work in connection with the Outpost has much besides glory. There is wood and water to be brought in, for this is beyond the sphere of steam heat and modern plumbing, and the kitchen range requires the old application of polish. These things are not done best in a white uniform when one remembers that the steam laundry is thirty miles away, and no railway.

In ancient days the profession of nursing was only supposed to be entered by those who had a "calling." Of course, this idea has been exploded long ago. For the nurse who takes up work in the Northland, it isn't so much being "called" that is necessary—it's a love of the great outside, to be able to look up at "the stars and birds, to listen to babes and sages with open heart," to be able to see "sermons in stones," etc.; lastly, to have no horror of work.

Looking back over the dark years of war, there comes a deeper consciousness of the privilege enjoyed in serving King and country. So now, with her face turned towards a new dawn, the Red Cross nurse on outpost duty in Western Canada has a keener perception of the part she is required to play in the colonization of country and in the building of Empire.

But I am wandering from my story. It was to tell of Christmas Day at the Outpost that I began. An invitation was extended, through the medium of a notice in the post office, to all bachelors—not elsewhere invited—to come to the Outpost for dinner at 12.30 Christmas Day. Perhaps you think they didn't come, but you are mistaken! The two nurses on duty at the Outpost had met the fraternity in France in past days, and it was just a re-union. Three of the boys coming nine miles to have dinner with "the Sisters," and that was the term oftenest heard. The first guest to arrive was the president of the local branch of the G.W.V.A., and he brought, as part of his greeting, a loaf of home-made bread. He also peeled the vegetables. Next came Peter Parker, who, I think, has always lived in the Northland past three-score years and ten, but still homesteading. Then three boys—one a Lancashire lad, who had been with the 28th Battalion in days gone by; one an original P.P.C.L.I., who had spent three years in Germany; one a jolly Manitoban, with red hair, who returned to the land after years of "Yes, sir," "Very good, sir." 'Twas almost the hour, and the guests had all arrived.

It is true, neither of the Sisters had ever before prepared a dinner for fourteen. But what of that? "All experience is an arch where through gleams the untravelled world." The feast consisted of roast turkey and cranberry sauce, mashed potatoes, creamed carrots, plum pudding, nuts, raisins, cigarettes, cigars and coffee, and Peter Parker

declared it "the best dinner I ever had." If there is anything in a "dinner of herbs where love is," perhaps this had something to do with the success of ours. Yet, wasn't it the Army and the Red Cross once again united in comradeship?

The problem of domestic help was easily solved. No kitchen work for the Sisters after the dinner—the guests took charge; and, though they decided that dirty pots and pans had been hoarded for weeks, it was a merry Bridget who took over the dishwashing. Wood and water were brought in. The afternoon wore away; the guests departed, looking their thanks that the Red Cross is still carrying on; while two tired Sisters gratefully realized that twelve men, who had once before faced danger for civilization's protection, are still on guard.

Nursing under conditions such as are encountered in outlying districts of the great Canadian Northwest may be said to find interpretation in a reference made by Mr. Lloyd George, when speaking of the Pilgrim Fathers: "By the alchemy of faith they transformed their experience and sufferings into a great adventure." G. I. S.

THE RIVERS OF FRANCE

The rivers of France are ten score and twain,
But five are the names that we know—
The Marne, the Vesle, the Ourcq, and the Aisne,
And the Somme of the swampy flow.

The rivers of France, from source to the sea,
Are nourished by many a rill;
But these five, if ever a drought there be,
The fountains of sorrow would fill.

The rivers of France shine silvery white,
But the waters of five are red
With the richest blood, in the fiercest fight
For the Freedom, that ever was shed.

The rivers of France sing soft as they run,
But five have a song of their own,
That hymns the fall of the arrogant one
And the proud cast down from his throne.

The rivers of France all quietly take
To sleep in the house of their birth,
But the carnadined wave of five shall break
On the uttermost strands of earth.

Five rivers of France, see their names are writ
On a banner of crimson and gold,
And the glory of those who fashioned it
Shall nevermore cease to be told.

—H. J. M., in *Nursing Journal of India.*

THE RED CROSS NURSE

By Harold Seton

Let others sing of soldier bold,
Let others sing of sailor brave,
Of how the trenches are controll'd,
Of life upon the ocean wave!

I choose instead another theme,
And so I weave this little verse:
Though men are worthy of esteem,
I cry, "All hail the Red Cross nurse!"

She spurns the easy, pleasant task,
And seeks the life of anxious care;
In lazy comfort she could bask,
But she would rather do and dare!

All things concerning war are bad?
Nay, nay, my friend, it might be worse!
These women make the angels glad!
I cry, "All hail the Red Cross nurse!"

No longer let us hear the phrase,
"The weaker sex!" 'Tis obsolete!
Oh, turn disparagement to praise!
"The meeker sex!" For that is meet!

Though meek, still mighty, after all!
The proofs I need not here rehearse,
Nor to your mind one case recall!
I cry, "All hail the Red Cross nurse!"

THE TUBERCULOSIS DAY PRAYER

O God, we pray Thee, for all whose vigor is being drained by slow and wasting illness, strengthen their powers as they battle for their life, and, if it be possible, we beseech Thee to restore them and grant them the fulness of their years. If their strength is failing, give them courage still to labor cheerfully, and to leave to those who love them dear memories of faith and patience for the distant days.

Since we are all jointly guilty of the conditions which have bred their disease, may we stand by those who bear the burden of our common sin, and set the united will of our community against this power that slays the young and strong in the bloom of their life. May this death that creeps from man to man be a solemn reminder that we are all one family, bound together in joy and sorrow, in life and death; that we may cease from our selfish indifference, and together seek Thy kingdom and Thy righteousness, which will bring us health and life.—Amen.

Hospitals and Nurses

NOVA SCOTIA

Misses Gilgour, Dorey and Freda Archard, of the hospital staff, are being congratulated on their clever arrangement for the Christmas sale held at the Nurses' Home of the Victoria General Hospital December 13th. The new classroom was brightly decorated, and refreshments were served by the pupil nurses during the evening. An excellent musical programme was carried out, Miss Hubley being the convener. The "Novelty" table was in charge of the Military Sisters, presided over by Matrons McLatchey and McIsaac. The "Literature" stall was in charge of Miss G. Crosby, assisted by the resident medical staff. The proceeds of the sale, amounting to more than $100.00, will be devoted to the Nurses' War Memorial Fund.

His Excellency the Duke of Devonshire, while in Halifax extending a welcome to the new Canadian Navy, took the opportunity of inspecting the new North End health centres. The V.O.N. Home in Gottingen Street was also visited, where His Excellency had tea with the nurses of that Order. The Old Admiralty House, now the headquarters of the Massachusetts-Halifax Commission, was then visited. The building was well decorated with bunting. The Governor-General, accompanied by Lieutenant-Governor Grant, was received by Mr. Pearson, Chairman of the Commission; Dr. Craig and the medical staff; Dr. Hattie, Provincial Health Officer, and the United States Consul. The Duke of Devonshire was much interested in the building, its equipment, and the clinical work done there, and he expressed his satisfaction with the progressive accomplishment of the Commission.

With the consent of the School Board, the St. John Ambulance Brigade have undertaken to supply and prepare hot cocoa for the school children, which is dispensed at the nominal price of two cents a mug. A nutritional class has been established in the Halifax public schools.

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NEW BRUNSWICK

St. John

Both November and December meetings of the association were held at the home of Miss Addy, the last one being specially to fill the 150 stockings given by the ladies of the Hospital Aid for the General Public Hospital on Christmas Day.

Miss Alice Powers has resigned from the V. O. N., St. John, to accept a position as school nurse in Salem, Virginia.

Miss Eva Craig (G.P.H., 1920) has accepted the position of assistant superintendent of nurses at the General Public Hospital, St. John.

Miss Irene Macken, graduate of Melrose Hospital, Mass., has accepted a position as head nurse at the G. P. Hospital, St. John. Misses G. Morris and F. Stanley have also accepted similar positions in the same hospital.

At a recent meeting of the G. P. H. Alumnae it was decided to furnish the lecture-room in the new home as a memorial to the late Nursing Sister Anna Stamers, who lost her life in the Llandovery Castle disaster.

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QUEBEC

Miss Nixon has been appointed superintendent of the training school and Miss Gladys Bayne secretary-treasurer of the Sherbrooke Protestant Hospital, Sherbrooke.

Mrs. G. N. Edwards (formerly Miss Olive Barwick) and Mrs. C. L. Campbell (formerly Miss Ann Murray) received recently for the first time since their marriages. Many nurses were present at both of these receptions.

The G. N. A. of E. T. held its annual meeting November 11th at the home of the president, Mrs. McKinnon. After the usual business, the election of officers took place. Mrs. McKinnon, retiring president, was given a Red Cross signet ring as a slight token of regard and appreciation of her untiring interest. This was presented by Miss Hetherington, the newly-elected president. Tea was served, and a delightful social hour enjoyed.

Royal Victoria Hospital, Montreal

The usual Christmas celebration took place in the Royal Victoria Hospital, Santa Claus' headquarters being in the new children's ward.

The new ward for children will soon be opened. It has beds for 40 children, with six cubicles. Miss Gertrude Yeates ('20), who is taking a post-graduate course at the Children's Hospital, Boston, will take charge of it on her arrival from Boston.

Miss A. M. Hall, who has been in charge of the Nurses' Residence, has resigned her position. Her successor is Mrs. Stanley.

Ward J, which has been closed since the removal of the soldiers to Ste. Anne de Bellevue, has been reopened for private patients. Miss Stella Orr (1917) is in charge.

Miss Rushbrooke, who for some time has been in charge of the Social Service Department, left shortly before Christmas for Paris. She

will spend several months in Italy as well. Miss Bessie G. Stewart (1917), who has been her assistant, is taking her position.

A delightful evening was held on Hallowe'en, most of the guests appearing in fancy costume. The chief feature of the evening was the presentation to Miss A. M. Hall of a full-length mirror and some flowers. Miss Hall, who has been in charge of the Nurses' Home for a number of years, has greatly endeared herself to each succeeding class by her kind care of and interest in its members. After a visit with friends in Toronto she will enjoy, in Montreal, a well-earned rest.

A delightful dance was given by Sir Vincent Meredith for the nurses of the R. V. H. on January 21st. Miss Hersey and her assistants received the guests, who numbered about 300, including nurses, doctors, their wives and friends. Dancing took place in the dining-room of the residence, and a buffet supper was served in the reception-room.

Among those present at the January meeting, when the Alumnae was entertained by Mrs. Henry Joseph and friends, was Miss Lillian Owen (1896). Miss Owen, who has been for several years a missionary in the Philippines, is at present on leave.

Miss Blanche Anderson (1915) has returned to the R. V. H. after an absence of several years, part of which time was spent overseas. She is at present in charge of Ward B.

Miss Mabel Lindsay (1898), who was the guest of honor at a tea given recently in the Nurses' Home, has been for some time night superintendent of the R. V. H. She is at present visiting a brother in Tennessee. Miss Barbara Campbell (1919) has taken the position of night superintendent.

Miss Mina Russell (1896), who has been in Yorkton, Sask., as school hygiene nurse for the Yorkton inspectorate, is at present at Mac-Donald College, where she is superintendent of residences.

Miss Jackson (1918) and Miss Nan Lawson are filling positions in the X-ray department of the R.V.H. and the Ross Memorial.

Miss Velma MacMillan (1917), who has been for some time in charge of Ward 3, is convalescing after an operation for appendicitis.

Miss Lillian Pidgeon, R.R.C., is at present in New York, taking a post-graduate course in X-ray work. On her return to Montreal she will have charge of the X-ray department of Ward L.

Dr. and Mrs. Allan Taylor (Miss Mary Byers, 1918) were recently in the city. Dr. Taylor is to take post-graduate work in England, after which they will reside in Africa.

After negotiations, lasting over a period of one year, between the boards of management of the Western Hospital and the Montreal General Hospital, of Montreal, it has been decided to amalgamate these two hospitals, and, at the coming session of the Quebec Legislature, application is being made for a new charter, under which this amalgamation may be consummated.

It is the intention of the combined boards to build on the present grounds of the Western Hospital a Private Patients' Pavilion of from 250 to 300 rooms, which will be open to any recognized physician or surgeon of good standing in the community who is willing to meet the minimum standard requirements of the American College of Surgeons; also emergency wards for male and female patients, and a large out-patient department to take care of that end of the city.

The present Montreal General Hospital will be completed and occupied only by public patients. It is expected that this amalgamation will enable the governing boards to administer the hospitals more efficiently, cut down expenses, and offer to the sick of Montreal, rich and poor alike, better service, and, in addition, offer better teaching facilities for the University of McGill.

On Tuesday, December 28th, 1920, a cable was received announcing the sad news of the death of Capt. Eric Paice, of Bournemouth, England, who, less than a year ago, married Miss Aline Pomeroy (R.V.H., 1916). The Alumnae cabled love and sympathy.

Montreal General Hospital

The graduates of the Montreal General Hospital will be interested in knowing that the purse presented to Miss Livingston on her retirement amounted to almost $1,000.00.

Miss F. M. Shaw has been appointed director of the School for Graduate Nurses affiliated with McGill University.

Miss Young, lady superintendent, Montreal General Hospital, has completely recovered from her recent illness, and is again on duty.

Miss M. Armstrong (1904), who was laid up with a fractured arm, is now convalescent.

Miss Mildred Forbes (1908) and Miss L. Holland (1913) have accepted appointments on the Social Service staff of the Montreal General Hospital.

Miss F. Upton (1908) has resigned from the S. C. R., and at present is doing private nursing in Montreal.

Miss J. B. Graham (1909) has gone to Roumania as one of the nursing unit which is to establish a general hospital at Bucharest, under the patronage of the Queen of Roumania.

Miss B. A. Moores (1912), who has been at St. Johns, Nfld., is now on the staff of the S. C. R. Hospital, St. Anne de Bellevue.

Miss Constance Stuart (1912) has accepted an appointment at the Lawrence Hospital, Bronxville, New York.

Miss R. McConnell (1914) has accepted an appointment on the staff of the Hartford General Hospital, Hartford, Conn.

Miss Lillian Gordon (1915) has gone to England for a couple of months.

Miss Evelyn McGinnis (1917) has accepted the post of office nurse with Dr. Gordon and Dr. Bazin.

Miss E. Sowler (1917) is doing industrial nursing at Windsor Mills, P. Q.

Miss Nina Brown (1918) is on the out-patient department of the Montreal General Hospital.

Miss Frances Reed (1909) is on the staff of the Montreal General Hospital as second assistant.

Miss E. Little (1918) is on the staff of the operating-room at the Winnipeg General Hospital.

Miss M. McCammon (1918) was chosen for the scholarship given by the committee of management, and is taking the course for teachers and supervisors at the School for Graduate Nurses, McGill University.

Miss R. Nicholls (1918) has returned from a year's visit with relatives in England, and is doing private nursing in Montreal.

Miss Miriam Fox (1919) is attached to the Canadian Presbyterian Mission at Hoe Ryung, Korea, Japan.

Miss Elsie Lomer (1919) has charge of the out-patient department and operating-room of the Children's Memorial Hospital.

Miss Mildred Buchanan (1920) is on the staff of the Guelph General Hospital.

Miss Elsie Tulloch (1919) is night supervisor at the Guelph General Hospital.

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ONTARIO

The eighteenth annual convention of the graduate nurses of Ontario will be held in Hamilton, March 31st, April 1st and 2nd, 1921, at the Royal Connaught Hotel.

Reservations have been arranged for delegates and members at the Royal Connaught at the following prices: Single room, without bath, $2.00; double room, without bath, $4.00; single room, with bath, $3.00; double room, with bath, $6.00.

At the Wentworth Arms, prices are: Single room, without bath, $2.50; double room, without bath, $4.00; single room, with bath, $3.50; double room, with bath, $6.00.

For those unable to make reservations or to secure satisfactory accommodation, phone Garfield 382, Miss Burnett.

All trains will be met by members of the local committee, wearing white badges.

Toronto

The graduating exercises of the training school of the Hospital for Sick Children took place in the reception-room of the Nurses' Residence

on Friday evening, November 19th, 1920. Mr. Strachan Johnston presided at the exercises, in the absence of the chairman, Sir Edmund Osler.

After the opening prayer, by the Rev. Donald McLeod, the report of the training school was read by Miss Potts, the superintendent, who gave a history of the work during the past year, commenting on the increased desire for scholarships evinced by the pupil nurses, as shown by the application of ten for the public health course in the Toronto University and three for the teachers' course at McGill University. The importance of children's work was also displayed by the presence of a scholarship nurse from the Vancouver General Hospital for a six months' post-graduate course. The need for further enlargement of the Nurses' Residence, in view of the increased number of nurses, was also emphasized; and the report concluded with a few words of appreciation for the spirit of service shown by the pupils of the training school during the past year.

The chairman then introduced the speaker of the evening, Miss MacDonald, matron-in-chief of the Canadian Overseas Nursing Forces, touching upon her many honors, the Royal Red Cross, the Order of Florence Nightingale, and the degree of LL.D., Xavier University, N.S., all of which have been conferred upon her for her services during the war.

In a short but delightful address, Miss MacDonald summed up the attributes of the true nurse, emphasizing particularly the spiritual side, and deploring any tendency to materialism entering one of the highest and noblest professions.

At the conclusion of her address Miss MacDonald was made the recipient of two beautiful bouquets, one from the Alumnae Association of the Hospital for Sick Children and one from the pupil nurses of the training school.

The following scholarships for the pursuance of work along special lines at Toronto and McGill universities were then presented by Dr. C. L. Starr, surgeon-in-chief, and Dr. Alan Brown, physician-in-chief, Mrs. Ferguson Burke presenting the diplomas and pins: Sir Edmund Osler scholarship for $500.00, Miss Jean McCraw; H. H. Williams scholarship for $350.00, Miss M. Ramsden; Alan Brown scholarship for $300.00, Miss Dorothy Holliday.

The graduates of 1920 receiving diplomas were: Kathleen M. Clark, Uxbridge, Ont.; Pauline Clapp, Walkerton, Ont.; Helen C. Duncan, Vittoria, Ont.; Dorothy J. Holliday, Toronto, Ont.; Bertha B. Hockin, Dutton, Ont.; Edna P. Hewson, Penetanguishene; Muriel Hutchison, Uxbridge, Ont.; Alma E. Lapp, Peterborough, Ont.; Greta H. Morris, Bowmanville, Ont.; Jean E. McCraw, Toronto, Ont.; Ida M. St. John, Sunderland, Ont.; Elsie R. Smith, London, Ont.; Gretta Symington, Camlachie, Ont.; M. Aleine Terryberry, Leamington, Ont.;

Ruth E. Coles, Woodbridge, Ont.; Vera E. Dennis, Toronto, Ont.; Lillian Lawder, Weston, Ont.; Catherine E. McLean, Elmsdale, N. S.; Edna Pittman, Trinity East, Nfld.; Mildred B. Ramsden, Toronto, Ont.

A reception and dance followed the exercises.

November 30th, 1920, will long be a cherished memory to the class of 1916, T. G. H., when 31 members out of the class of 61 gathered at the Nordheimer Tea Gardens for dinner and an old-time re-union. After all had enjoyed the delicious dinner, all gathered again at the residence of Miss Kitner, where the evening was spent in conversation and stories of "ye olden days."

Toronto Orthopedic Hospital

The Alumnae Association of the above hospital held its annual meeting on Monday, December 13th, at the Nurses' Residence, and elected officers for 1921.

As Miss Plunkett Campbell, instructress in massage for many years, was leaving for two years' residence in Mexico, a purse of money was presented to her from the association. Cards and refreshments followed, and the evening was thoroughly enjoyed by Miss Campbell and the members, who wished her all sorts of good things in her new life.

Kingston

The Kingston Chapter of the G. N. A. O. held its annual meeting on Tuesday, December 7th, with Mrs. Crawford in the chair. The election of officers resulted in Miss Maud Abernathy being elected president and Mrs. Robinson secretary-treasurer, the other officers remaining the same. Miss Abernathy gave an address on "Mothers' Allowance," and Mrs. Frances Robinson read a report of the Child Welfare Conference held in Ottawa. The mothers and children of the Child Welfare Station were given their annual Christmas treat December 11th. This was a great success, and between two and three hundred mothers were present. This was held in the Y. M. C. A. building, the clinic building being now too small for the crowd.

The Kingston Chapter wishes the *Canadian Nurse* Magazine a Happy New Year, and that it may be the best it has ever had.

The annual meeting of the K.G.H.A.A. was held January 11th in the Nurses' Residence, with a good attendance. After the routine business, the election of officers for 1921 took place. During the year the Alumnae spent $565.00 on the Nurses' Home and $100.00 on the register, which is kept at the hospital, also $100.00 to the Kingston Chapter, donation to Y.M.C.A. and to Chengtu Hospital, China.

At Christmas several nurses who were ill were remembered with flowers and fruit, and Miss Shearer, who is nursing in China, was presented with a mahogany clock. A Violet Day had been held in the spring of 1920, from which $670.00 was realized, and a tea sale was

held, which brought in the sum of $172.00. The membership has reached 115 members.

It is with deep regret that the Alumnae announce the resignation of Miss Claudia Boskill, who was superintendent of the K. G. H. for eight years. On the evening of her departure for New York the nurses (pupil) and hospital staff presented her with a silver mesh-bag set with sapphires, also a platinum pin set with whole pearl.

Miss Florence Hiscock left during the year to take a position as head nurse in the wards of the Ford Hospital, Detroit.

Toronto

Matron-in-Chief Macdonald, C.A., M.C., was the guest of honor, November 20th, of a delightful tea given by the Toronto Chapter Graduate Nurses' Association of Ontario in the Nurses' Residence, 295 Sherbourne Street. Adorned with roses, the rooms presented a most inviting appearance, the president of the Toronto Chapter, Mrs. Smither, receiving, assisted by Miss Bickell, of the Red Cross, and Miss Campbell, of the Victorian Order of Nurses, both of whom were overseas nurses during the war. Miss Kinder, of the Sick Children's Hospital, presided over the tea table.

The Toronto Chapter November meeting was held at the residence of the Hospital for Sick Children November 22nd, at 8 p.m., the speaker for the evening being Miss MacDonald, of Ottawa.

Interest was given to the usual business of the meeting by having reports given by three alumnae associations, another group being chosen to report at the next meeting. It was decided that it would be a great help to the Alumnae and to the graduating classes if someone would visit them to explain the formation of the Chapter and elucidate the many puzzling groups of initials in use in our profession, i.e., "G. N. A. O."

Mrs. Smithers was chosen for this position.

Miss MacDonald was introduced, following the business meeting.

Miss Mary MacDonald went over with the Canadian forces to France late in 1914, and was one of the very first Canadians to engage in work in the war area, preceding the advent of the First Contingent by several months. She is now matron-in-chief at militia headquarters, Ottawa.

The central theme of Matron MacDonald's address was the need of regeneration in the idealism of the nurse of to-day. She feared that the spiritual side of the profession was being left in abeyance. The great need of the age was not more learning, but more heart. There was altogether too much of the spirit abroad of dollars and cents and too little of proper sense. Until proper adjustment was made between these two diagonals in the profession, the country would stand to suffer.

London

Miss Margaret Stanley, lady superintendent of the Victoria Hospital, London, for nearly fifteen years, has tendered her resignation to the members of the board, and it will take effect April 1st, 1921. At a meeting of the Hospital Trust it was decided to accept the resignation with regret. The board sincerely regrets the unfortunate accident, and subsequent ill-health, which has made necessary Miss Stanley's resignation, and earnestly hopes she may soon be restored to health.

Dr. Alfred Grant, formerly house surgeon at Victoria Hospital, addressed the Alumnae Association at the December meeting, which was the largest ever held, and chose as his subject "Post-Operative Treatment Brought Up-to-Date."

Members and friends of V.H.A.A. were the guests of Mrs. Walter Cummins at her home on December 9th, when a most enjoyable progressive euchre party was given for the War Memorial Hospital for Sick Children Fund.

Miss Bertie W. McRoberts, graduate of Victoria Hospital, 1916, has been appointed head nurse for the Edmonton, Alberta, V.O.N. Miss McRoberts will be in charge of child welfare and clinic work which the V.O.N. and Royal Alexandra Hospital co-operate in doing.

The memorial tablet in honor of the four graduate nurses from Victoria Hospital who gave their lives for their country, and which was presented by Col. Gartshore, was unveiled December 29th, 1920. The tablet is of bronze, severely plain, bearing the coat-of-arms, and below the inscription: "In memory of our graduate nurses who gave their lives in service overseas—Lieut. Agnes McDougall, Lieut. Henrietta Mellett, Katherine MacDonald, and Lieut. Dorothy M. Y. Baldwin. Their names liveth evermore." The unveiling was done by Miss Stanley, and addresses were given by Nursing Sister McIntosh, Col. Seaborn, Col. H. Williams, Col. Reason and Col. Gartshore.

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MANITOBA.

Winnipeg General Hospital

In April, 1920, a branch of the Students Y.W.C.A., now becoming known as the Student Christian Movement, was organized in the training school, the aim being to promote a feeling of the true Christian fellowship amongst the nurses in training.

Owing to the irregular hours on and off duty of the nurses, the only effort has been confined to the weekly song service, or "vesper service," as it has been called, each Sunday evening at 8.30 o'clock. Ministers, soloists and speakers have been found willing to come, and general interest has been shown in every way possible.

Miss Grace Moody gave a most interesting report recently of the ten days spent at the lakeside with the Western University students and educational leaders from various parts of the world.

In September Dr. Ada Speers, from China, addressed the school, giving a most vivid and interesting address on conditions and life in Western China.

The City Student Volunteer Band has extended to pupil nurses interested in the foreign field a hearty invitation to attend their monthly meetings. Recently their monthly meeting took place in the Nurses' Home, and the supper was provided by the Alumnae Association.

Amongst nurses, the Y.W.C.A. movement is still only in its infancy; but the seed of an influence such as theirs is greatly needed in our schools.

Miss L. Newcombe (1911) has been appointed instructor of nurses at the Vancouver General Hospital.

Mrs. Stewart Langille (1906) has again taken up her residence in Winnipeg, after an absence of three years in Fort William, Ont.

Miss M. Herman (1907) has accepted the position of superintendent of nurses at Queen Victoria Hospital, Revelstoke, B. C.

Miss Emily Parker (1913) has resumed her position on the nursing staff of the Winnipeg schools, after four years spent in military service.

Miss C. M. Day (1917) has accepted a position as superintendent of the Russell Manitoba Hospital.

Miss S. Pollexson (1917), who took a special course in social service work in Boston, has resumed her work in that department of the W. G. H.

Misses McLaren, Stinson, Mortimor and Strang, of the W. G. H., are on the staff of Dr. Galloway's private hospital.

Miss M. McRae has been appointed to the city staff of the Bureau of Child Hygiene.

Miss Jean Houston is taking a post-graduate course at Teachers' College, Columbia University, New York, after her term at the Henry Street Settlement, New York City.

Miss Sadie McLeod is now in charge of the obstetrical department of the Rockford General Hospital, Rockford, Ill.

Miss M. Sperry and Miss A. Bentley have accepted positions on the staff of the General Hospital, Winnipeg.

Miss A. C. Monro (1919) is about to leave for India, where she will do mission work.

St. Boniface Hospital Alumnae

Representatives from the St. Boniface Hospital to the annual meeting of the M. A. G. N., held in Brandon, January 25th, were Miss A. C. Starr, J. Stensby, T. O'Rourke and K. Wymbs.

Mrs. A. E. Oke and Miss Baselay have accepted positions as staff nurses in St. Boniface Hospital.

Miss Mary Quinn has given up private nursing and accepted a position in Dr. F. D. McKenty's office.

We regret to report the illness of Miss J. Healy and of Miss K. Farrell, the latter now convalescing in Yorkton, Sask., after an operation in St. Boniface Hospital.

* * * *

ALBERTA

Miss Christine Smith, R.N., who has been in charge of the provincial public health work in the Province of Alberta, has resigned her position and accepted that of director of the course of public health nursing to be arranged for at the University of Alberta, Edmonton.

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BRITISH COLUMBIA.

Miss Maud McGregor, R.N., has left to take a position in the hospital in Grand Forks, B. C.

The quarterly general meeting of the G. N. A. of B. C. was held Friday, January 28th, 1921, in Vancouver, the president, Miss Jessie MacKenzie, in the chair. The meeting was taken up exclusively with business of great interest to the members. To establish, for this one year, at any rate, a scholarship of $1,000.00 for a registered nurse in the Province, so that she may take up a post-graduate course in any branch of nursing in any Canadian university, was decided upon. Support for the McGill University scholarship for institutional work was also planned.

As the waiver expires in April, plans were discussed for the formation of the examining board, and further details will be given as they are worked out.

The annual meeting will be in Victoria Easter Monday, March 28th, when a most interesting meeting is expected.

After refreshments and a social half-hour, the meeting adjourned.

Report of V. G. N. A. Registry for 1920

Number of nurses, 330; number of calls filled during the year, 3,221; number of hospital positions filled, 80; number of nurses who left city, 50; number of nurses married, 15.

It is with deep regret that we chronicle the death of three of our members: Miss Laura Fuller, graduate of the Vancouver General, 1914; Miss Hope MacLeod, Vancouver General, 1918; Miss Maud Green, London Hospital (1904), London, England.

Report Annual Meeting V. G. N..A

Report of the annual meeting of the Vancouver Graduate Nurses' Association held in January, 1921, for the year ending 1920:

Reports of committees received and adopted.

The secretary reported a splendid year. There were ten meetings held, which were all well attended. Many questions of interest to nurses were brought up and discussed. Among the addresses given at these meetings, the following prominent people took part: Mr. Dalzell, "Housing Problems"; Mr. Lawrence, "The Deaf Child"; Mr. F. C. C. Wood, "The One-Act Drama"; Dr. R. L. Pallen, "Oral Hygiene"; Dr. L. Macmillan, "Some Side-Lights on Nursing Problems." The association must appreciate the kindness of these speakers in so freely giving of their time and thought.

Miss E. Johns and Miss E. Breeze gave a very comprehensive report upon their return from the convention of the Canadian National Association of Trained Nurses, held at Fort William and Port Arthur. Mrs. M. E. Johnson, the delegate from the V. G. N. A., upon her return, gave a most interesting report. One evening was devoted entirely to the discussion of papers and questions arising out of the convention reports.

Miss Archibald, registrar of the V. G. N. A. Registry, reported a successful year. A detailed report will be printed separately.

It is with regret that the association has to report the loss of two members by death—Miss Hope McLeod and Miss M. Fuller, graduates of V. G. H.

The election of officers took place for 1921: President, Miss Cosae M. Haskin (re-elected); first vice-president, Miss E. Johns; second vice-president, Miss D. Turnbull; secretary-treasurer, Miss A. McLellan.

The Executive Committee is composed of the officers and the following: Mrs. M. E. Johnson, Miss E. Breeze, Miss M. Campbell, Miss M. Currie and Miss M. Ewart.

Conveners of committees were also elected.

Twenty-five new members were welcomed into the association during the year.

Among the social activities: The annual dance was held, and proved very successful; a reception was given to the British Columbia Association at their annual meeting, which was held in Vancouver; Miss Archibald entertained at the Registry with a bridge party.

The association wish it known that they will be pleased to welcome any nurses who are free to attend their meetings, which are held the first Wednesday of each month at the "T Rooms," 115 Granville Street, unless otherwise arranged for. Two very energetic committees, the

Social and Programme, are planning a pleasant and profitable year for 1921.

The Vancouver Graduate Nurses' Association held their first general meeting for 1921 on Wednesday evening, February 2nd, at the "T Rooms, 445 Granville Street, about 35 members being present. After discussing business matters, the Programme Committee brought in a report outlining a very interesting programme for the coming year, a number of prominent people having kindly consented to give lectures or papers on various subjects. Dr. J. Ewart Campbell gave a lecture on "Venereal Diseases," which was very instructive.

The Social Committee are going to take charge of a social bridge to be given for prospective members.

The V. G. N. A. annual dance will be arranged for in April, soon after Lent.

Four new members welcomed, and the usual social cup of tea was served.

Next meeting will be on Wednesday, March 2nd, 8 p.m.

BIRTHS

Brown—At the K.G.H., to Mr. and Mrs. W. Brown (Pearl Murphy, K.G.H., 1916), a son.

Campbell—To Dr. and Mrs. Wm. Campbell (Somerville, W.G.H., '14), a son, September 2nd, 1920.

Denholm—To Dr. and Mrs. Kenneth Denholm, of Formosa, a daughter. Mrs. Denholm was Miss Myrtle Davis, G.P.H., 1915.

Donnelly—To Dr. and Mrs. Francis Donnelly, a daughter. Mrs. Donnelly was Miss Edith Paterson, G.P.H., 1917.

Farr—To Mr. and Mrs. Arthur Farr (nee Beatrice Hall), at the Sherbrooke Hospital, Sherbrooke, Que., on December 14th, 1920, a son.

Filson—At Kingston General Hospital, to Dr. and Mrs. Filson (Mildred McGregor, K.G.H., 1916), a son.

Hicks—At K. G. Hospital, to Dr. and Mrs. Hicks (Lillian Killins, K.G.H., 1916), a son.

McKinnon—To Mr. and Mrs. McKinnon (Arnott W.G.H., '11), a son, at Grand Prairie, Alta., in October.

Moorhead—To Mr. and Mrs. W. J. Moorhead (A. Hood, W. G. H., '12), a son, July 7th, 1920.

Murray—To Dr. and Mrs. A. A. Murray (Wallington, W.G.H., '13), a son, August 12th, 1920.

Spence—To Mr. and Mrs. Frank A. Spence (nee Jean Bennett, Western Hospital, Toronto, 1916), in August, 1920, at 15 Westview Court, Christie Street, Toronto, a son.

STACEY—To Mr. and Mrs. Stacey (Kellett, W.G.H., '17), a daughter, October 6th, 1920.

STIRLING—To Dr. and Mrs. Sterling (Ingram N.G., '08), a son, July 11th, 1920.

WATSON—To Mr. and Mrs. Watson (nee M. Colquhoun, T.G.H., 1916), at P.P.P. Toronto General Hospital, on Wednesday, December 15th, 1920, a daughter.

WILLOUGHBY—At Napanee, Ont., to Dr. and Mrs. J. B. Willoughby, a son. Mrs. Willoughby was Miss Florence McCallum, K. G. H., 1912.

MARRIAGES

BAIN-MELVILLE—Miss Edith Melville (W.G.H., '19) to Mr. M. F. Bain, of Oak Lake, Man., on November 3rd, 1920, at Cavalier, N. D.

BENNETT-HUME—At Milton, Ont., September 27th, 1920, Christina L. Hume (K.G.H., 1919) to Dr. Douglas Bennett.

BICKNELL-CARPENTER—At Toronto, on December 28th, 1920, by Rev. Col. G. Williams, Virginia Margaret Carpenter (T.G.H., '20), of Port Dover, Ont., to Dr. Nathan J. Bicknell, son of Mr. J. A. Bicknell, Rose Avenue, Toronto.

BLAIR-MOORE—At Seeley's Bay, Ont., September 20th, 1920, Emma Grace Moore (K.G.H., 1913) to Dr. William Blair.

BROWN-MOORE—Doris Moore (W.G.H., '17) to Mr. Leroy Brown on October 29th, 1920, at Sudworth, Sask. Mr. and Mrs. Brown have left for England, where they will make their home.

COOKE-YORK—At the First Congregational Church, Vancouver, recently, by Rev. Dr. Alex. Dunn, of New Westminster, assisted by Rev. W. D. Spence, of Victoria, Edith Gwendolyn York (Vancouver General Hospital) to Rev. A. E. Cook, minister of the First Congregational Church, Vancouver.

COWAN-STEWART—K. I. Stewart (W.G.H., '02) to Mr. Cowan, of Deloraine, Man., at Winnipeg, October 23rd, 1920.

DAVIES-FEAR—Miss Florence Fear, of G.P. Hospital, St. John, 1914, to Mr. Harold Davies, of Springhill, N. S.

DICK-KEAY—At Toronto, January 5th, 1921, by Rev. Dr. Pidgeon, Victoria Lida, daughter of Mr. Joseph Keay, of New Glasgow, N. S., to Mr. Russell M. Dick, of Ottawa, Ont. Miss Keay is a class 1915 T.G.H. On return from their honeymoon, Mr. and Mrs. Dick will reside in Ottawa.

ELLIOTT-ANDERSON—At Lindsay, Ont., September 29th, 1920, Olive May Anderson (K.G.H., 1919) to Mr. David Elliott.

EMERSON-MCPHERSON—Miss McPherson (W.G.H., '11) to Mr. R. Emerson, at Winnipeg, Man., June 26th, 1920.

FRASER-DAVIES—Miss Margaret Davies (G.P.H., 1914) to Mr. Harold Fraser, of Springhill, N. S.

FUTVOYE-RODGERS—At Iberville, Que., January 9th, by the Rev. Father Cormier, Miriam Angeline Rodgers, of St. Johns, Que., to Mr. Arch. Futvoye, of St. Johns, Que. Miss Rodgers was a member of the 1912 class, R.V.H., Montreal.

HEWITT-BARBOUR—Mary Barbour (W.G.H., '18) to Mr. Scott Hewitt, of Morden, Man., at Balmoral, Man., November 3rd, 1920.

HOLT-JONES—Alice Jones (W.G.H., '16) to Mr. Charles Holt, of Balfour, B. C., September 1st, 1920.

HUNT-KILBURN—On Saturday, Jan. 1st, 1921, at Grand Avenue Methodist Church, Kansas City, Missouri, Gertrude Harper Kilburn, of Kilburn, N. B., to Harold Victor Hunt, of Regina. Miss Kilburn is a member of the class 1919, T.G.H. Mr. and Mrs. Hunt will reside in Clinton, Missouri.

HUNTER-RIDDELL—At Lachute, P.Q., October 20th, 1920, Nursing Sister Wynetta Cecil Riddell to Dr. Archibald William Hunter.

IRVING-MCLAREN—At Moncton, N.B., December 29th, 1920, Enid McLaren (R.V.H., Montreal, 1920) to Dr. Rupert Irving, of Dorchester, Mass.

JAMES-DRUMMOND—At Toronto, December, 1920, Nursing Sister Helen M. Drummond to Lieut. James, Royal Canadian Dragoons. Lieut. James is stationed at Stanley Barracks, Toronto.

JOB-BARR—Mary Barr (W.G.H., '11) to Mr. Job, of Calgary, Alta., at Glenboro, Man., September 30th, 1920.

KEYES-TROOD—J. S. Trood (W.G.H., '18) to Dr. J. S. Keyes, of Whitewood, Sask., at Salmon Arm, B. C., October 6th, 1920.

MARTIN-WILSON—At Vernon, B. C., January 1st, 1921, Elizabeth E. Wilson (Vancouver General Hospital) to Stuart Martin.

MCKAY-PAYNTER—E. T. Paynter (W.G.H., '11) to Mr. Wm. McKay, of Pandora, Alta., at Beulah, Man., September 30th, 1920.

MCLAUGHLIN-CALDWELL—At Caldwell's Mills, Ont., Amy Caldwell (K.G.H., 1919) to Mr. William McLaughlin.

MCLEAN-SHEFFIELD—At Owen Sound, Ont., January 12th, 1921, Lillian Mae Sheffield, graduate of the Owen Sound Hospital, to Mr. John Percy McLean, of Brantford, Ont.

MYLES-HIRSH—At Toronto, January 19th, Nursing Sister Mary Cecilia Hirsch to Mr. Robert Gordon Myles.

POWELL-GOURLAY—At Eganville, Ont., December 24th, 1920, Nursing Sister Roberta Gourlay to Mr. Barry Miles Powell.

PRICE-BARNEY—At Philadelphia, Penn., Lillian Barney (K.G.H., 1919) to Dr. Price.

ROMAN-SEDGEWICK—On Christmas Day, at 6.30 p.m., at the residence of Dr. and Mrs. R. E. Welsh, 781 Shuter Street, Jessie Middleton Sedgewick, daughter of Mr. and Mrs. Wm. M. Sedgewick, of

Middle Musquodokoit, N. S., to Charles Leghtfoot Roman, M.D., of Montreal.

SARGENT-DUFF—At San Francisco, Cal., December 27th, 1920, by the Rev. J. L. Gordon, D.D., Miss Kirk (Winnipeg General Hospital, 1914) to Mr. Rodney Groves Sargent.

SPENCE-DALGLEISH—Smith's Falls, May 8th, 1920, Eva Margaret Dalgleish (K.G.H., 1914) to John Conway Spence.

TURNEY-BLACK—On Tuesday, December 28th, 1920, at St. Paul's Church, St. John, Que., by the Rev. J. H. Moore, Muriel Black (R. V. H., 1919) to Dr. Herbert Turney, of New York City.

WARKENTEIN-ALLINGHAM—Frances Allingham (W.G.H., '19) to Mr. B. Warkentein, of Winkler, at Broadview, Sask., September 29th, 1920.

DEATHS

CAMPBELL—By the death of Col. (Dr.) George Campbell, the nursing profession sustains the loss of a generous and sympathetic friend. Dr. Campbell was a trustee of the Nurses' Sick Benefit Fund, and, like his brother, the late Dr. D. A. Campbell, took a keen interest in all that pertained to the welfare of nurses.

MACKAY—Suddenly, at his home, Montreal Street, Sherbrooke, Quebec, on Sunday morning, December 26th, 1920, Dr. Malcolm Mackay, in his forty-fourth year. Dr. Mackay had not been in his usual health for the past few years, but his untimely death came as a great shock to the community.

MCKAY—Miss Ruth McKay (W.G.H., '16), at Albany, N. Y., of septicemia following an operation for appendicitis.

From charge to the graduating class in the eight months' course in public health nursing of the Visiting Nurses, Association in New Haven:

"I would urge you to strive for a solidarity in the ranks of your profession. Because you are a graduate public health nurse, you are not separated from a full realization of the problem of every other field of nursing. Are you interested in filling up the ranks of the public health field? Then you must aid at every turn of the road in interesting the young women of character, and of a desire for service, to enter the training school. This year we are having the centennial celebration of the birth of our patron saint, Florence Nightingale; let us put forth our efforts and avail ourselves of every opportunity to show—even as we demonstrated in the world war—that the call of the world for nurses shall be answered, and that we as a profession will not be found wanting. By adjusting ourselves to one another and pulling together —willing to follow our leaders, with not too much criticism, we shall accomplish the task before us, mammoth though it may now seem."

THE WAY OF OTHERS

Others have shown to me the way
To bear the burdens of the day.
This task of mine is nothing new,
Others have had this work to do;
Others have suffered here and wept
And faithful to their purpose kept.
This is my time to meet the test,
And I must face it as the rest.

Time was I thought that I might miss
So terrible a task as this!
Might go through life and never know
The weight of care or hurt of woe;
And once I fancied, when I felt
Across my back disaster's welt,
That I was meeting there alone
Such stings as no one else had known.

I cried aloud against my pain,
But found my whimpering all in vain;
And then I heard a voice declare:
"Your lot is what all men must bear,
Others have wept the time you smiled,
Borne grief and have been reconciled;
As they have done, so must you do
When care and sorrow come to you."

But that was in the years ago,
And since that time I've come to know
That no one on this earth escapes
From trial in its various shapes;
No man is singled out to fare
Along life's ways exempt from care,
And I would see my trials through
As bravely as the others do.

The Department of Health some weeks ago mailed to all physicians, veterinary surgeons, dentists and druggists in Canada, Form No. 6, on which to make the declaration as provided under the Act, showing that they are engaged in the sale or distribution of narcotics.

Very heavy penalties are provided under the Act for neglecting or refusing to furnish the declaration in question: a fine of not less than $200.00 and costs, and not more than $1,000.00 and costs, or to a term

of imprisonment of one year, or to both fine and imprisonment, being the penalties specified for non-compliance with the regulations.

As a number of physicians, veterinary surgeons, dentists and druggists have not so far sent in the required declaration, the Department has advised the Editor that, unless this declaration is received within a reasonable period, the law will be enforced and penalties levied upon all delinquents.

It should be noted that all physicians who obtain narcotics in any quantity, to administer directly to their patients, are considered to be engaged in the distribution of these drugs; likewise, all dentists and veterinary surgeons who obtain supplies of these drugs for use in connection with their practice, are considered to be engaged in the distribution of narcotics, and it is, therefore, necessary for them to make the declaration as required under the Act as amended at the last session of Parliament.

Any physician, veterinary surgeon, dentist or druggist, who may have mislaid the forms sent by the Department, may, upon application to the Department of Health at Ottawa, obtain further copies in order that the necessary declaration may be filed.

The Department of Health does not wish to work any hardship in connection with the filing of these declarations, but, in order that the law, as embodied in the Act, be conformed with, any physician, veterinary surgeon, dentist or druggist, failing to fill in the forms of declaration within a reasonable time, will be dealt with according to the terms set forth in the Act.—Inserted by the Department of Health.

There are numerous methods of removing ink spots and fruit and wine stains. One of my efficacious remedies is tomato juice. Saturate, then rinse thoroughly in warm water; afterwards boil in a suds of ivory soap. Hang in the sun to dry.—M. L. G.

I always carry with me, among my supplies for the sick, several two-inch squares of medium fine sandpaper. Almost every patient has corns or callouses. These can be gently sandpapered after the bath has been given. I find that carefully trimmed nails and well-cared-for corns add much to the patient's comfort, and corns of long standing frequently disappear for good after such care and the rest in bed.

WANTED

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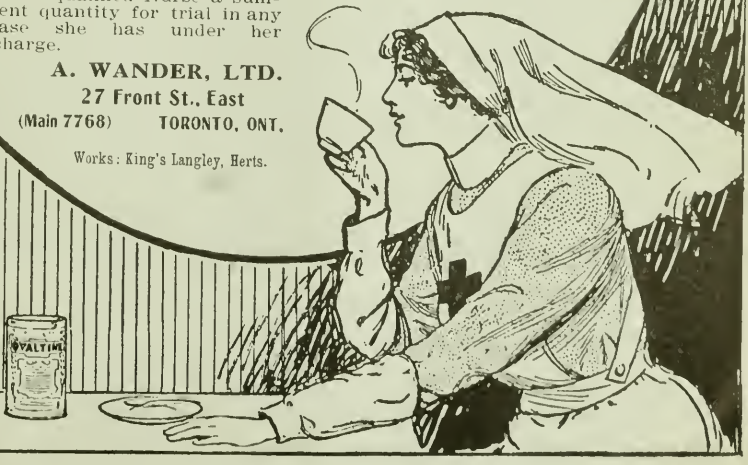

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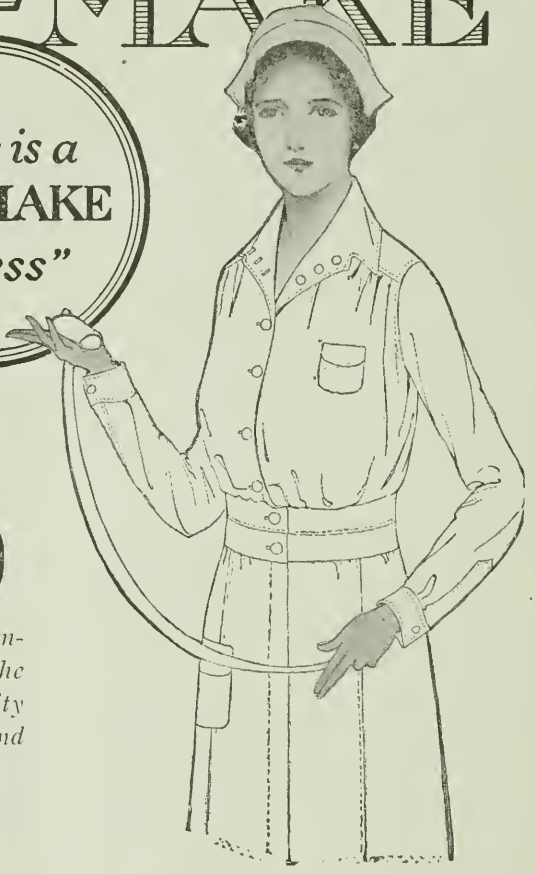

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Page

Treatment of Burns by Tincture of Iodine 141
Some Present Day Problems of the Nursing Profession.... 147
The Joys of Country Nursing..... 154
Routine of the Dispensaries and Nurses' Duties in Venereal... work 155
The Nurses' Home, Montreal Western Hospital..... 157
Editorial 159
Letters to the Editor..... 159
Canadian Nurses' Association..... 161
News from the Medical World..... 162
Public Health Nursing Department..... 164
Department of Nursing Education..... 167
The World's Pulse..... 170
Canadian Army Medical Nursing Service Department..... 172
Hospitals and Nurses..... 180

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Treatment of Burns by Tincture of Iodine

By O. F. MERCIER, M.D., Montreal

For a couple of years past, convinced (by an accidental experience) of the value of the tincture of iodine in the treatment and cure of burns, I have adopted its use systematically in my hospital service, as well as in my civil practice; and to-day, after different experiences in a number of varying cases, from the slightest to the most severe, I thought it would be advisable to appear here before your honorable meeting and give you my sincere opinion upon this treatment.

I have said that my first experience was an accidental one, and I should have added that this experience was obtained upon myself.

One day I had the misfortune to burn a small spot, of about three-quarters of an inch diameter, upon the palmar surface of my left hand; this burn was of the second degree, and excessively painful. Having on hand in my office a small bottle of the 10 per cent. tincture of iodine, I covered the burn with it. Of course, the application was painful, but I felt immediately a complete relief—it stopped the pain at once; and the next morning I was so well that, having some operations to perform at the Notre Dame Hospital, I was able to attend to my duty and operate that morning upon several cases which were on my list, and that

without the least pain. I could wash, brush my hands, keep them covered with the rubber gloves for a few hours, without any inconvenience; and the blister never burst, but dried up in two or three days, leaving under it a tissue of new formation of normal coloration and suppleness.

Judging from this result, and not knowing that this treatment had already been tested by Baumgarten in France, I started using it systematically in the Notre Dame Hospital, having in my mind that, if it could do for a small thing, most probably it would be satisfactory in more severe cases. The result, fortunately, confirmed to the utmost my expectations, and to-day I am here in a position to tell you that I consider it to be the best treatment I ever used against this accidental disease.

As far as I can understand, the treatment was rejected in France on account of the fear that it might be injurious to the kidneys; but in all the different cases in which I have used it I have constantly watched closely the function of that organ, and in no case could I detect any trouble, clinical, functional or chemical. In fact, in one of my last cases, the patient was a young lad of about twelve years, who was certainly burnt over at least the half of the surface of his whole body, and even in that case no trouble whatever could be detected with his kidneys.

Another objection that one can raise is the pain caused by the application. I have, of course, to admit that the treatment is painful during its application and for the few minutes (say four or five) following it; but as soon as the pain so caused is over, the pain that always accompanies the burn is completely suppressed and the patient feels a complete relief. In one case, to which I would like to draw your attention, a woman, of about forty years old, having had her two arms, forearms and hands badly burned to the second degree, and, in some spots, going as far as the third degree, I tried treating her on one arm with antiseptic and anæsthetic ointment, and on the other one with the tincture of iodine, and she herself asked to have both arms treated with the iodine, feeling so much difference in the comfort caused by the above treatment compared with the ordinary antiseptic applications.

At about the same time a man was brought into the hospital, ward St. Joseph, with a bad burn covering the surface of his face and head, neck and shoulders, hands and wrists. In this case I started the iodine treatment immediately after his entry in the hospital. The temperature, which went high from the start (104 degrees), was brought down to the normal in four days. Eight days after the accident the crust formed by the burn, epidermis hardened by the fluid, started to fall off, and fourteen days after the accident he was able to leave the hospital, completely cured, with a fine pink, supple, new skin, replacing all the one that was destroyed by the burn.

I have had since then three other cases of the same seriousness, location and surface, and the three responded faithfully to my treatment and developed and recovered in the same way. In fact, in the Notre

Dame Hospital, the treatment demonstrated so well its own value that it has been adopted by all my confreres of the hospital, and it is now systematically used there.

I think that, in our day, it would be very hard to find a surgeon, a medical doctor, or any scientific man, who would not admit that iodine is one of our best antiseptics, if not the very best of all. Its power of penetration into the skin, its power of destruction of the germs, are the two qualities which place it at the head of the list. Another advantage of it is that, if you want to have all its effectiveness and if you use it on the skin, you can apply it just as well and better on a skin that has not been previously washed, because the alcohol in which the drug is dissolved is quite sufficient for the cleaning, and would have a better effect on a dry or greasy skin than on a skin covered with soap and water.

The same problem presents itself in the treatment of burns. Everybody knows how painful, difficult and long was the first dressing in all the other treatments made upon the burnt surface.

The cleaning of the wound, the removing of dirt, burnt epidermis, and so on, was practically impossible, not only from the fact of its own difficulty, but also from the fact of the pain occasioned by that long and tedious manipulation. With this new treatment there is nothing of that sort; the dressing is so simple, so quick, that in a few minutes it can be made with all its effectiveness. Of course, I observed that, to use this treatment, one must follow a very precise and systematic technique, because one has to remember that the application is painful, and that the pain caused by that application will only last a few seconds, and that, besides, the application must be liberally made, so I remarked that the tincture of iodine must be largely spread over all the wound, I would say, in one jet. The way to do it is very simple. Take a piece of absorbent cotton, soak it heavily in the tincture, holding it with a forceps, and put on a coat of it, liberally, all over the wound. If the patient is too nervous and too sensitive, give him first a hypodermic injection of morphine, or even it may be worth while giving him gas-anæsthesia. The worst would be if, being afraid of hurting him, you should make the application lightly, gently, with a tampon not sufficiently soaked with the preparation, and apply it spot by spot, small surface by small surface, increasing so, the time required for dressing, and instead of taking just a few seconds, or, at the most, two or three minutes, to complete the whole thing, you would take, say, fifteen or twenty minutes, and then have a wound that would not be properly covered and soaked with the fluid. I insist upon this point because, every time I entrusted the treatment to the hands of one of our nurses or sisters, they all made the same error, and I had to insist, in order to convince them, and even, at times, do it myself before them.

Another very important point is the quality and strength of the preparation. I observed that the best is the one of the French Iodex, or the 10 per cent. solution in pure alcohol, 90 degrees. The alcohol must

be very pure, and everybody will easily understand that it would be very dangerous to use tincture of iodine prepared with methylated spirit, or the one that we have on the market under the name of "Columbian." This latter would not only irritate and injure the tissue, but would be dangerous by its absorption, and that to the utmost.

You will most probably enquire what sort of dressing is to be applied after the coat of tincture of iodine has been spread over the wound. A simple sterile dressing with gauze compresses, and a bandage to keep it on, is quite sufficient. In fact, I have remarked that the solution is a dressing in itself, and in a few cases I ventured to use no dressing at all, besides the liquid application, and kept the part open. The explanation is very simple: the wound, after the application, covers itself with a thick, brown crust, which protects the raw tissues completely.

A very interesting experience, which contributes to the illustration of the effectiveness of the treatment, is the fact that, in cases of burns of the face, I could not, of course, apply it on the eye-lids, fearing to injure the globe of the eye, and I confined myself to using around there a preparation of argyrol or sylvol, but in every case the whole face was already healed many days, while the eyelids were still unhealed; and the worst of it was that the eyelids healed slowly, giving rise to ectropion. The treatment must be done once every day.

As I said above, when the above-mentioned crusts fall, they give way to a fine new tissue, pink, neat, having all its suppleness, and in no case had I any of those retractile scars which, ordinarily, as everybody knows, are one of the worst complications following burns. I have no doubt that the worst enemy is the infection, not only because it delays the cure, but also because it causes the pain, causes the general infection, which generally shows itself by the regular and steady increase of temperature, loss of appetite, weakness, and so on; and then gives way to the formation of that scar tissue, which in mostly all cases is bound to retract sooner or later. With this new treatment, nothing of the sort. After a few days, four or five, the temperature comes down to normal, and this gradually and steadily, and stays at normal until the complete cure is over. The patient keeps his normal general condition of health; he sleeps very well at night, because the pain, which exists in every case treated by the other methods, is absent; in fact, the only pain is the one during the application, and it is easy to manage it; but as for the pain of the burn itself, there is none whatever.

The treatment, to have all its effectiveness, must be made as soon as possible following the accident. It is easy to understand that it is more difficult to disinfect an infected wound than to prevent the infection. This is a fact that I have always experienced, and I consider it to be of the highest importance.

If the method is used on burns of the first and second degree, it is a complete treatment, and you do not need anything else; but, as every-

body knows, there may always be spots or surfaces where the burn would have gone more deeply and attained the third degree, injuring the whole thickness of the skin, and sometimes the adipose tissue, and even the muscles. For those deep burns I apply, just the same, the tincture of iodine in the same way as I do for the surrounding surfaces; but, of course, after a certain time, the destroyed parts, which have been killed by the fire, must detach themselves, and this surface of sphacelus leaves a wound more or less large, which has to be treated by the ordinary antiseptic dressings. To complete the cure and prevent the retractile scars, now is the time to appeal to grafting of new skin. This is what I do, using the Thiersch method.

In cases where the surface of the burn is covered by blisters, it is important not to open them, and to let them dry up under the effect of the iodine. They dry up in a few days, and do not bring any complication whatever.

In a few cases, when the patient was too sensitive, or when, for any other reason, the pain was too great, I replaced the tincture of iodine by the vapors of nascent iodine; but, of course, in every one of the cases the first treatment was always made by using the tincture of iodine, in the way above described, and I used the nascent iodine only for the subsequent treatments, which must be applied then once a day, as in the case of the tincture.

I feel so highly convinced of the great and practical value of this treatment, that, in coming before your meeting, I come with only one object in view, which is that of trying to popularize the method, knowing that it will be such a great help to this class of poor patients. When one imagines or represents to himself the pain, the dangers of all sorts, that followed these terrible accidents when we were using most of the other treatments, it is easy to understand the amount of the services that would be rendered to our poor humanity if it were possible to decrease, in any degree, the said calamity. There is another question, which has in itself its own importance, and this interests mostly companies and employers. We all know the amount of responsibility that falls upon them under the law providing for indemnity to be given to employees in these cases. If, by this method, it were possible to diminish the amount of incapacity resulting from the accident, I think it would save them certainly large amounts of money, and it would, at the same time, prevent the employee from remaining a lame man for the rest of his life.

I would like to see all the manufacturers, and even the fire brigades, knowing this fact, and knowing also that the best thing they can do for any one of their employees, who should have the misfortune of having one of these terrible accidents, would be to have on hand a bottle of tincture of iodine, ready to be used as the first, the best of all emergency treatments, that could be applied to the case.

Only a few weeks ago a case was brought to the hospital—a man, a laborer, burnt in the face, neck and head by an explosion of gasoline. I do not know whether it was from the fact that they had heard of the treatment that they did it; but they did it, at any rate. The patient sent to the hospital had only to be continuously treated along the same lines, and following the rules. In two weeks he was in a condition to resume his work.

Whether it be for a small or a large burn, I insist that I consider this treatment to be the best. About two months ago a child of twelve years old was brought to me, as a private patient, after a burn covering certainly over half the surface of his body. I saw him in hospital only the next day after the burn, and some ointment (I do not know what kind) had already been used on it. Nevertheless, I ordered the iodine treatment. The poor little thing went on as well as possible for seven or eight days; the only pain endured was the one at the moment of the applications. Unfortunately, I had the parents against my treatment, and I was obliged to submit to their desire. After two or three days the parents realized what I had told them: that the dressings were nearly as painful as the iodine dressing, but that these dressings were not quieting the pain of the burn. The temperature started going higher; the general condition of patient got worse and worse every day; and on the eleventh day the final result that I was expecting came, and the poor boy died.

Although at least half of the surface of the body was burnt, I feel convinced that if I could have kept on with the iodine treatment I would have saved his life. But one fact remains, with all its importance: urine analysis, and taking the quantity of urine, was done every day during the applications, and I could not notice any clinical symptoms of kidney alterations, neither by the clinical symptoms nor by the laboratory reports.

Since the antiseptic value of iodine has been discovered and admitted by the profession in general, this chemical product has rendered us all sorts of services. We use it for disinfecting the skin before operations; we use it for disinfecting some surgical wounds; we treat the wounds with it, and everybody admits that its value is of the utmost importance. This is another application in which I sincerely believe it is going to prove again that it is the most important, the most powerful, and the most harmless of all antiseptics.

—*Canadian Medical Association Journal.*

God never loved me in so sweet a way before;
'Tis He alone who can such blessings send;
And when His love would new expression find
He brought thee to me and said, "Behold a friend."

Some Present-Day Problems of the Nursing Profession

By L. J. Carter, M.D.

The present-day problems of the nursing profession have arisen largely because of the unprecedented extensions of the modern nursing field.

Private duty nursing, or the continuous care of one patient, is the oldest form of the nurses' work.

As hospitals became organized along modern lines, administrative and teaching work began to develop, until hospital work became a very large phase of modern nursing. To-day a great proportion of the hospitals have nurses for their administrative head, while the superintending and teaching work, in connection with the training of fifty thousand women in nurses' training schools in America, offers scope for thousands of nurses, who must be also trained teachers. Specialization, which is the key-note of modern medical life, has greatly multiplied the avenues for the nurses' activities. Specialized modern hospitals call for similar specialization in nursing. Children's hospitals, hospitals for contagious diseases, ear, eye, nose and throat, obstetrical, skin and cancer, tuberculosis, orthopaedic, and mental diseases hospitals, all call for specially trained nurses. Institutions for the aged, for incurables, for orphans, for epileptics, for defectives, all absorb their quota of specialists in nursing. Within the hospital itself there are specialized fields of work, such as teachers of occupation, therapy, ward superintendents, educational directors, dietitians, technician experts in X-ray, electrical, bacteriological and pathological laboratories, administrators of massage, hydrotherapy, anaesthetics. Outside the hospital, and requiring similar work to this specialized hospital nursing, is that called for in private medical offices and in the medical group clinics.

But the greatest extension of the sphere of the modern nurse lies, not along the line of private or hospital or kindred work, but along the line of public health nursing. Public health work is the most significant phase of modern nursing. It brings the nurse into line with the great modern ideas of preventive medicine and social service, in the furtherance of which she is peculiarly fitted to have a large and ever enlarging share. To illustrate the extent of this public nursing work, I need only mention such phases of it as school nursing, district nursing, child welfare work, mother-training work, industrial nursing, social service nursing, such as the educative work along the lines of tuberculosis and venereal diseases. Here, again, as in hospital work, there must be, combined with the ability to nurse, the ability to teach.

This remarkable expansion of the sphere of nursing, which we have so hastily outlined, carries with it problems which will tax the ingenuity

and perseverance of the brightest intellects in your own and kindred professions. These problems manifest themselves largely along three main lines:

(1) The general problem of nurse shortage;

(2) The problems connected with the work of the private duty nurse;

(3) The problems connected with the higher educational training of nurses necessary for the new duties and responsibilities.

1. *The General Problem of Shortage of Nurses*: The one great overshadowing problem that faces the profession as a whole is, of course, the absolutely inadequate numbers in which women are presenting themselves for training as pupil nurses. From all parts of the country comes the report that nurses were never in such demand, and there never was so much difficulty in obtaining recruits. Where, then, shall come the supply for the greatly enlarged sphere of work that is opening up? Before this question can be answered, a preliminary one must be asked.

What are the causes of the shortage? They are many. In the first place, there is the greatly enlarged field of work that is open to women. Twenty-five years ago there were two occupations into which women could enter, nursing and teaching. Ten years ago, it is estimated, this had been increased to two hundred; and it is safe to say that, since the close of the war, this has trebled. Young women, after a six months' business college course, can enter fields of employment that involve less labor and shorter hours, and offer better remuneration than the trained nurse can obtain after three years of drudgery training. This will make its appeal to women of a superficial order of educational and intellectual endowment. While many nurses' training schools are falling short of their quota of students, the women's colleges of America are crowded. This latter is the class of women to whom the nursing profession should make its appeal, and that appeal will never be made with any degree of success until some very radical reforms are made in our methods of training pupil nurses.

Hitherto, the hospital has very largely exploited the student nurse. The long hours, and the drudgery connected with ward work, so sap the nurse's energies, that she has neither time nor strength for individual initiative. The nurse of the future will still need to be a skilfully trained attendant of the sick. But she must be something more. She must have a training in the wider outlook, an understanding of the larger problems that confront her profession, and an individuality and initiative to meet and solve the problems that confront her. And this kind of nurse can only be produced when our hospitals begin to organize "schools of nursing," instead of "training schools for nurses."

The first thing that must be done is to lessen the drudgery and reduce the long hours. The eight-hour day is absolutely essential. The drudgery connected with ward work must be relegated to the ward maid. The

curriculum must be enlarged to include a training in, at least, the fundamentals of the subject, "sickness as a social problem." When this is done, and not till then, will the nursing profession be able to make its appeal to that class of women who take the higher intellectual outlook; and without that class they can never hope to measure up to the needs of the present hour. All honor to the small band of high-minded women who have braved the discouragements of the past, and, without adequate training, have carried the nursing profession to its present high pinnacle of achievement. But the work to-day has assumed a dimension which they can no longer compass, and nothing but thorough training of large numbers of well-educated women can meet the present need. Having set your standard high, and placed the student training for nurses on a plane that will appeal to the type of women your profession needs, you will be in position to make effective appeal for recruits.

"Publicity campaigns" are one of the effective methods of modern business. And the medical and nursing professions should take a leaf from the business book. Too long, doctors and nurses have been content to rest upon the dignity of their profession, and let the people get their education upon health lines from the quack advertisements in the daily papers. This is all being changed. The Province of Alberta Medical Association now employs a trained organizer to direct their activities along public educational lines. Manitoba is following in Alberta's footsteps. Some such propaganda must be organized by the nursing profession. There should be a central Canadian organization for the preparation of literature, outlining, in a dignified and attractive way, the status of the nursing profession and its claims upon young women of character. This literature should be put into circulation through provincial organizations, and a systematic publicity campaign put on to reach every woman graduating from high schools, collegiate institutes and colleges, as well as many classes of business women, with the object of enlisting them as recruits in your great work. This publicity campaign might very well be organized under the direction of the Red Cross Society, which, since the Great War, has broadened out its activities and assumed, in time of peace, the general supervision of volunteer public health organizations.

2. *Problems of the Private Duty Nurse*: Apart from this general problem of shortage of pupil nurses, there are special problems which confront the "private duty nurse." The private duty nurse has always been, and always will be, the most vital point of contact between the public and the nursing profession. The public health nurses and the hospital and the training school administrators and teachers will assume a larger place as the years go by, but they can never replace the private duty nurse. The task of the latter will always remain the interpretation to the people of the true spirit of the nursing profession. Coming into such intimate contact with home life at the time of critical illness, she exercises a power for good, or the reverse, which is peculiarly her own.

She must possess infinite tact to break down the barrier between patient and nurse, and make the patient and family feel that she comes as a sympathetic helper in time of trouble. If she fails in interpreting the true spirit of nursing, then all your organization falls to the ground. The special problems of the private duty nurse may be looked at from four standpoints:

1. Personal problems. She cannot do her best work, and conserve her strength for the future, and remain on duty twenty-four hours a day in critical cases. Duty must be divided, at least, into twelve-hour periods. But this doubling of expense to the patient should not extend beyond the critical period of the illness.

She must not neglect to maintain her contact with the nursing world at large by taking active part in the local and wider organizations. She must maintain her study of the social problems created by disease, and the progressive measures being taken from year to year to solve it. To this end she should look forward to an occasional post-graduate course of study. The private duty nurse needs the post-graduate course of study to keep in touch with modern progress. This cannot be got through books. There must be personal contact with leaders to make vital for one's self the newer methods and ideas.

2. Problems in her relation to the medical profession. The private duty nurse must be loyal to the physician in charge of the case she is nursing. If she is in disagreement with the doctor's treatment, there is no alternative but to resign from the case.

She must be ready to respond to any call, if she registers for general duty. I have heard of a doctor, with infectious disease in his family, calling for a nurse and being refused repeatedly. It would require only a few such instances as this to lower the ethical standing of a profession which has been lifted high by the self-sacrificing labors of thousands of nurses.

3. Problems in her relation to her patient. There is no denying that the nurse comes into the house at a difficult time. An abnormal mental attitude of patient and friends prevails, as a result of anxiety over the acute illness. Then, also, the nurse comes into the home as a reformer, breaking into the normal household routine. The condition thus created calls for much tact on the part of the nurse, and one has to confess that such tact has not always been shown. Some of the complaints that patients make are that the nurses are too professional — they require too much waiting upon, they turn the house order upside down. Has there not been some ground for these criticisms? The trained nurse, when she comes into a home, should lay aside her too professional air, and should remember that she comes as a woman, bringing help to her patients. She should fit herself, as unobstrusively as possible, into the family routine. Out of regard for the anxious frame of mind of the family, she should, by sympathetic demeanor, seek to exert a soothing

mental influence. Any reforms she finds necessary to make should be introduced in the spirit of kindness and helpfulness.

4. Problems in her relation to the shortage of nurses. This is a problem which vitally concerns the private duty nurse, and towards which, as far as I can learn, she has, through lack of organization, offered no solution, or assumed an attitude of helpless discouragement. And yet it is a problem which, if solved at all, must be solved in a way that will still maintain the supremacy of the private duty nurse in the field of nursing in the home. It is a pleasure to note that your Dominion organization has grappled with this problem by appointing a committee to consider a plan of organization for private duty nurses. This body, when organized, must endeavor to find some solution. And no solution—let me emphasize it well—can be satisfactory which does not leave the private duty nurse in complete control of the nursing of the sick in the homes of the people.

Private duty nursing, as we have it to-day, does not meet the home nursing need of the day. In the first place, persons of moderate means cannot meet the expense of nursing service in their own homes; and usually it is impracticable or impossible, because of sparsity of population and greatness of distance, to send the acutely ill patient to the hospital. In the second place, there are not enough private duty nurses to answer the calls of those who can afford to employ them. Two entirely opposite solutions of these problems have been offered.

On the one hand, some doctors and many of the public call for a reduction in nurses' fees and the re-acceptance of twenty-four-hour duty. This can never be an acceptable solution. There is no law against the nurse refusing to charge the maximum fee where she knows the patient cannot afford it — and we know that very few nurses do make the maximum charge. Further, there is no reason why, in the milder cases, and after the acute stage of the severe cases, the nurse should not accept twenty-four-hour duty. Granted these concessions, yet your problem is not solved.

On the other hand, many doctors and a large section of the public propose to substitute a cheaper class of nursing service. In the Province of Saskatchewan this is already being tried out in the adoption of a plan for the training of household attendants, who shall constitute a sort of quasi-nursing service, under the supervision of public health nurses. I believe any such effort is doomed to failure. No profession can countenance a reduction of educational standards, and the introduction into their field of semi-trained elements, without paving the way for ultimate lowering of the tone of the whole profession.

In some cities there has been tried, with some degree of success, the plan of "hourly nursing." The nurse gives her whole time to a patient only during the really acute portion of the illness. Household help, trained for that purpose (not quasi-nurses), supplement her work

during the remainder of the period, while the nurse makes one or two visits of an hour's duration each day.

There can be no doubt that the ultimate solution of the problem of the shortage of nurses must be eventually met by some type of household assistant trained in the elementary principles that govern the conduct of a sick-room. Just what form that training shall take is one that only the future will reveal. Personally, we believe that the training must come largely through the work of the public health nurses. And that brings us to a discussion of the third great problem we propounded at the outset —the higher education of nurses for the advanced work of public health and institutional administration and teaching.

3. *Problems Connected with the Higher Education of Nurses*: The public health nurses, and the hospital and training school administrators, should be, we believe, the specialists in the nursing world. Their qualifications should be some form of post-graduate training, including teacher training. Such training should be preceded by one or more years' work on private duty. The public health nurses are destined to be the teachers of public health of the future. And we believe that, through their teaching, there shall be recruited up a large class of young women who shall understand and be able to carry out the fundamental requirements in the care of a sick person. Through this class as assistants, one private duty nurse shall be able to supervise nursing in a whole neighborhood, where she is now restricted to individual cases.

It is essential, then, that the public health nurse shall receive the maximum of training in the understanding and teaching of social service problems; and this should be the function of the post-graduate work given in our universities. True, the foundation should be laid, as we have already indicated, in our nurses' training schools. To this end, we consider that on every training curriculum there should be a place for the teaching of "disease as a social problem." The teacher should be a nurse who has taken a post-graduate course in one of our universities. Every training school should aim eventually to have at least two of its head officials equipped with university post-graduate training. In the absence of such trained teachers, the instruction might be given by the nearest public health nurse.

Many of our Canadian universities have established post-graduate courses for the training of nurses for public health, and for training school and hospital administration. In McGill, Toronto, and Dalhousie, post-graduate courses of one year are given, and only for graduate nurses. In London the post-graduate course is for graduates, or may be an elective course in the last year of training school work. In Vancouver the course is open to graduates until 1925, but is primarily for undergraduate students. We believe these post-graduate courses should be for graduates only, for, as Miss Johns has said, "the same education methods cannot prepare for two distinctive types of service—routine and highly skilled." In this connection we might ask, What about Manitoba

University? Can your organization not bring sufficient enlightenment to the minds of our university educators to assure the establishment of a post-graduate teaching course, and then supply enough graduates to fill that course?

We have stated that not only the hospital and training school administrators and teachers of the future, but also the public health nurses, should be the product of post-graduate university training. The public health nurse, thus thoroughly equipped, will be the solution of our problem of nursing shortage. In Manitoba we have to-day, under the Provincial Board of Health, some fifty public health nurses. We believe the time is not far distant when every education nucleus, such as represented by a consolidated school, or a high school, will be compelled to provide one or more public health nurses. In view of the shortage of private duty nurses, one of the functions of these public health nurses should be the teaching—as part of the school curriculum—of classes of the older 'teen-age girls in the fundamentals of the care of the sick in the home. Further, this teaching should extend to colleges, and to business women where they are employed in large groups. The theoretical work could be supplemented by periodical practical demonstrations at nearby hospitals. Thus there will gradually grow up a large class of young women, trained in the modern ideas of disease, its cause and treatment, who will be willing and competent to co-operate with the private duty nurses of their district in the care of the sick in their own homes and those of their immediate vicinity. This large class of non-professional assistants, working under the increased number of private duty nurses, enlisted as the result of the more attractive appeal of your reorganized training schools, would meet the situation.

So you would solve the problem of the shortage of nurses and the high cost of nursing, without resorting to the doubtful expedient of partly-trained, quasi-professional assistants, which would inevitably react, sooner or later, in the lowering of the standards of the entire profession. —Read at the Annual Meeting of the M.A.G.N., Brandon, 1921.

Oh, yet we trust that somehow good
Will be the final goal of ill,
To pangs of nature, sins of will,
Defects of doubt, and taints of blood.

That nothing walks with aimless feet;
That not one life shall be destroy'd,
Or cast as rubbish to the void,
When God hath made the pile complete.

—*In Memoriam.*

The Joys of Country Nursing

By X. Y. Z.

The nurse in question was supposedly not nursing, rather convalescing; and this is how she did it:

One dark and cold fall evening, after a tremendous rain storm, making the roads in a nice juicy condition, the 'phone rang, and the nurse was asked if she would come to a woman in labor, who was alone, with the exception of her husband and the doubtful possibility of getting a doctor and some friendly neighbor woman to help in time of need. A horse must be found for conveyance, and, as the night was so dark as to be almost felt, it was no easy task. However, it was accomplished and the trip begun. The road for over a mile was through a bush, with merely a track for a road—a precarious journey at the best of times. That night was a false alarm; but the next night the nurse had need of all her wits. The doctor failed to arrive, owing to an impassable road at one point, and the nurse had the case to herself. The cord was round the child's neck, and after that was remedied progress was no better, and the result was the nurse had to deliver it after some strenuous exertions. Happily, mother and child did splendidly.

Another day three children in the house had tonsils and adenoids removed. Two did splendidly, but the other took a severe hemorrhage the same night, which lasted four hours. Everything ingenuity and necessity could invent was tried, with no success; and finally, the patient being in the last stages of collapse, the nurse decided to try aseptic ergot ½ cc. It worked, and when the doctor arrived two hours later he pronounced the patient out of danger. The ergot in this case was supposed to be no good, as it was old.

One other case was that of a child with severe tonsilitis. Temperature, 104; passage in throat closed, membrane, and no doctor's aid possible for twenty-four hours. A compress of kerosene was applied externally till the skin was well reddened, and gargles every fifteen minutes of first, Hyd. Peroxide, and then kerosene, given. In an hour relief was obtained. The gargles were kept up every hour during the night, and by midnight the temperature was dropping, and on the doctor's arrival he said the patient was out of danger. Under the doctor's further treatment large abscesses on each tonsil broke the next day.

One never has such exciting times in our work in towns.

Yearning in desire
To follow knowledge, like a shining star,
Beyond the utmost bound of human thought.

—*Ulysses.*

Routine of the Dispensaries and Nurses' Duties in Regard to Venereal Work

By Miss Wiggins

Read at the Annual Meeting of the Saskatchewan Registered Nurses' Association, 1920

The routine treatment of venereal disease in the dispensaries depends for its efficiency upon three factors, all of them being perhaps of equal importance.

These factors are: First, the aspect of the problem from the public health standpoint; second, the reaction of the patient and his family to the measures used for their own protection, health and comfort; third, the clinical results of treatment.

In all of the work done by the dispensaries and their staff, the first point has been considered the one which is to be kept foremost in the mind; and that, while social service work and medical treatment were of the utmost importance, the prevention of the spread of venereal diseases is the chief consideration.

With such ideas, naturally, it is to be expected that the routine of the dispensaries would be so arranged that the stamping out of venereal disease would be the first consideration.

We do not believe that the spread of venereal disease can be checked by education, by religion, or by reform movements alone, although we admit that these efforts may be of great assistance, especially education.

It is our belief that far more would be accomplished if every individual with venereal disease were no longer a menace to others.

The entire problem should be viewed from a wide angle, and the welfare of all must be considered before the welfare of the individual.

Education plays its share in the progress of this work. If the individual can be taught what venereal disease is, what it does, and what its remote effects are, the responsible element of the population will seek the sterilizing treatment, and will be convinced of the necessity of prolonged care.

Stimulated by the Dominion and provincial grants of money, there are eight dispensaries in this Province where patients can receive free treatment and examinations.

The nurse tries to impress upon the patient the seriousness of the disease and the treatment required. She sees that the patient understands the necessity for regular and continued treatment, designates the days on which treatment is given.

The necessity for either the wife or children to report at the dispensaries for examination.

If a case is reported to have venereal disease and has been receiving treatments from their own doctor, the doctor is interviewed, and if he wants patient to continue treatment the patient is instructed to report regularly for treatment.

The nurse attends the dispensaries on the days that treatment is given to female patients.

Monday and Friday are female treatment days in Regina, Tuesday in Moose Jaw, Wednesday in Saskatoon. If circumstances do not permit regular attendance at the dispensaries, the nurse makes the needful adjustments.

If, during an interview with the patient, there is evidence of a social problem, such as needed material relief or unemployment, the case is referred to the Commissioner of Public Health and receives immediate attention.

A LONG TALK

Dr. Wiley tells the following story:

Sleepily, after a night off, a certain interne hastened to his hospital ward. The first patient was a stout old Irishman.

"How goes it?" he inquired.

"Faith, it'sh me breathin', Doctor; I can't get me breath at all, at all."

"Why, your pulse is normal. Let me examine the lung action," replied the doctor, kneeling beside the cot, and laying his head on the ample chest.

"Now, let's hear you talk," he continued, closing his eyes and listening.

"What'll Oi be sayin', Doctor?"

"Oh, say anything. Count one, two, three and up," murmured the interne, drowsily.

"Wan, two, three, four, five six," began the patient. When the young doctor, with a start, opened his eyes, the patient was counting huskily, "Tin hundred an' sixty-nine, tin hundred an' sivinty, tin hundred an' sivinty-wan."

For tho' the Giant Ages heave the hill
And break the shore, and evermore
Make and break, and work their will;
Tho' world on world in myriad myriads roll
Round us, each with different powers,
And other forms of life than ours,
What know we greater than the soul?
On God and Godlike men we build our trust.

—*Ode on the Death of the Duke of Wellington.*

The Nurses' Home, Montreal Western Hospital

The new Nurses' Residence of the Western Hospital was formally opened on Tuesday, January 4th, 1921. This handsome colonial building has aroused the admiration of the passers-by, with its fine lines and beautiful proportions, and much curiosity has been prompted as to the interior. Entering from the wide brick terrace fronting on Dorchester Street, the dignity of the central hall is impressive, the pillars and circular form repeating the colonial effect of the architecture. At the end of the corridor, to the left, is the main reception-room, or lounge, which is superbly finished and furnished throughout. The walls and woodwork, including the pillars and a large round bay window seat, are painted dull ivory, against which are hangings of deep velours. Before a great fireplace stands a Chesterfield covered with blue velours, with a long Chesterfield table of mahogany running the length of its back. Deep chairs, velour covered; mahogany pieces, and Eastern rugs, in blue and buff, complete the furnishings. Over the fireplace, in the place of honor, hangs a painting of Dr. James Perrigo, a member and the president of the medical staff of the hospital for over twenty-five years.

The Nurses' Library, fitted with dull-finished mahogany bookcases and writing tables, is off the left corridor, and adjoining is a small reception-room; opposite the library is a lecture-room, fitted with desk, chairs, charts and blackboards, so that teaching will be made as easy as possible. To the right of the main entrance is the suite of the lady superintendent, consisting of office, sitting-room and bedroom. The living quarters of the assistant superintendent, the dietitian and other members of the administrative staff are adjacent.

The house has accommodation for fifty-seven nurses, and every pupil will have a separate room, although two double rooms have been provided in case of illness. The rooms for the junior nurses are on the top floor, the furniture, including combination chiffonier and dressing table, a small writing desk and chair, also an arm chair, are of French grey enamel, while the hangings are of Alice blue. The senior nurses' sitting-rooms, one floor down, have hangings of old rose, contrasting artistically with the grey furnishings. On each flat is a small kitchen, so that any nurse off duty may prepare diet for herself, especially in the evening. The kitchens are fitted with a gas stove, cupboard, with dishes and silverware, while a diminutive laundry between the two flats is fitted with electric irons, ironing board, etc., for pressing blouses, or any articles which the nurses may wish to give special attention.

In the basement of the building is a large lecture and demonstration-room, with accommodation for sixty students, fitted with a model bed, a chase doll, and a cupboard containing a replica of every item of equipment used in the hospital. Here demonstrations can be given of each detail of a nurse's duty. A model diet kitchen adjoining provides

for instruction in that branch of training. There is also a linen-room, a storeroom, a trunkroom, and a vacuum system has been installed through the walls, emptying into a room in the basement. In the building, equipping and furnishing of the home, it would seem that no detail for comfort or for efficiency had been neglected. The building is fireproof throughout, and it is so constructed that two extra storeys can be added at any time without the slightest disarrangement of the present structure. A large balcony, extending across the front of the top storey, affords a very attractive spot for warm summer evenings.

The erection of this building is entirely due to the energy of the president, Mr. J. C. Newman, who has interested his friends and given largely of both time and money, giving personal attention to so many of the details.

THE INVALIDS' ALPHABET

Appendicitis, you'll agree, will claim the letter A,
While B is made up of Baths and Bandages each day;
C is the Chart that nurses keep to satisfy all hands;
D is the Doctor, coming in each day with stern commands;
E is the Ether no one loves, and Enemas galore;
F is the Family you long to see as ne'er before;
G is the Gas that chases up and down an empty tum;
H is the Hope that very soon your full discharge will come;
I is the Ice that tastes so good when throats are parched and dry;
J is Junket—best of all for invalids, say I;
K is the Knack that nurses have with every little touch;
L is the Lonesomeness that makes you wish for home so much;
M is the Medicine you know, from which each patient shies;
N is the Nurse, who seems to you an angel in disguise;
O is the Operating-room we all observe with fear;
P is the Palpitating Pulse with every visit there;
Q is the Quiet, all about while nurses bring the meals;
R is the Reason for it all, to wit, their rubber heels;
S is the Sterile Sponge that adorns our poor insides;
T is the glass Thermometer that 'twixt our teeth abides;
U is the Undivided care that patients all require;
V is the Visitors, my dear, that rouse the nurses' ire;
W is Weak and Wobbly when you first attempt to stand;
X is for Extra little things you'll find on every hand;
Y is the Youthful internes, thrilling every nurse's heart;
Z is the over-Zealous ones who weep when you depart.

Yet I doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns.

LOCKSLEY HALL.

Editorial

Preparations for the coming convention to be held in Quebec the week of May 30th to June 5th will now be in full swing. Each year the same appeal for help towards the programme and for the attendance of accredited delegates from each affiliated association is made. Quite apart from the papers and discussions during the meeting, one great source of information and help to those engaged in similar work is the foregathering into little groups between the formal meetings. May we hope that in wonderful old Quebec will be held the best attended meetings we have ever had.

* * * *

A note will be found in another place referring to Miss Crosby, the faithful and indefatigible editor of the magazine during those years when she did the work of attempting a professional journal when the nursing organization did not own it. All of us who knew Miss Crosby will rejoice that she has been able to take up such a delightful way of living. May she be a truly successful farmer on her own little place is the wish of her successor in the magazine work and of her numerous friends all over Canada.

Letters to The Editor

Dear Editor:

In Miss Johns' paper last month, she says the private nurses say nothing for themselves. Wise heads!

While listening to what others have had to say, sometimes these lines of Burke's have come into my mind. Burke says, in apology for his countrymen:

"Because half-a-dozen grasshoppers under a fern make the field ring with their importunate chink, while thousands of great cattle repose beneath the shades of the British oak, chew their cud, and are silent, pray do not imagine that those who make the noise are the only inhabitants of the field, that, of course, they are many in number, or that, after all, they are other than the little, shrivelled, meagre, hopping, though loud and troublesome, insects of the hour."

At our conventions I have had ample opportunity to see how little

the self-promoters really knew about the actual work. Not by any means do I speak of all of them as self-promoters; some of the speakers have been very good, and one could see at once what fine women they were; also that they had the interest of our work, or rather profession, at heart.

I was very much amused at a convention a few years ago when the principal speaker was always spoken of in this way: "There is Miss L——. She is so clever! Have you heard her speak?" I had heard her several times, and on all occasions she had said the same thing, until, whenever I heard her called on, I could hardly keep from calling out, "Polly wants a cracker," and still think of her as the limited Miss L——.

Of course, we private nurses have the privilege at times of spending weeks and months with the cleverest people—that is one of the fine things of our work; while the poor (?) superintendents drop in for a minute and say, "I hope you had a good night," or "Glad you are doing so well," and disappear, and the patient looks so relieved.

Yes, Miss Johns, I do think it would be well for superintendents to clean their own steps. Never have I seen such mean, unprincipled things done as I have known to be done by superintendents. Fancy the feelings of a young nurse, two months before graduation, to be told at 10 o'clock at night, to be gone before daylight, and never be seen in the place again, and not given a chance to say one word, the only thing she could think, might have been the cause of her sudden dismissal, was a remark a friend had passed at the door, a few minutes before: "It is five to ten, so I must let you go in, or that 'Old Cat' will be at you again."

Really, Miss Johns, have you nursed one whole year? What an experience! No wonder you allude to the pathos and bathos you passed through, and in that whole year, no doubt, you had all of half-a-dozen patients, five mild, and one serious. What thrills you must still have! Now do tell us something about it at next convention, and then we privates will be able to say, it truly is a nurses' convention, for some one did say a word about nursing this year.

My belief is that we private nurses must bear being misunderstood, a cross indeed, but He who was most misunderstood will make it all right when He measures up, measure for measure.

PRIVATE NURSE.

Ah! when shall all men's good
Be each man's rule, and universal Peace
Lie like a shaft of light across the land,
And like a lane of beams athwart the sea,
Thro' all the circle of the golden year?

—*The Golden Year.*

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

Instead of the usual lecture, the nurses had a social evening on Tuesday, February 1st, in the club room.

Miss Stark kindly took charge of the musical part of the programme and, assisted by her pupils, gave several solos and duets, which were much enjoyed. Some of the members enjoyed a game of cards, after which light refreshments were served.

We are sorry to hear that Miss Annie Harris is a patient in the General Hospital, and hope for a speedy recovery.

Mrs. Burch is still a patient in the Western Hospital, but we are glad to say is improving steadily.

The Fellowship of Pain

It is a tremendous moment when first one is called upon to join the great army of those who suffer.

That vast world of love and pain opens suddenly to admit us one by one within its fortress.

We are afraid to enter into the land, yet you will, I know, feel how high is the call. It is a trumpet speaking to us, that cries aloud: "It is your turn—endure." Play your part. As they endured before you, so now, close up the ranks—be patient and strong as they were. Since Christ, this world of pain is no accident, untoward or sinister, but a lawful department of life, with experiences, interests, adventures, hopes, delights, secrets of its own. These are all thrown open to us as we pass within the gates—things that we could never learn or know or see, so long as we were well.

God help you to walk through this world now open to you as through a kingdom, regal, royal and wide and glorious.

Canon Scott-Holland.

News from The Medical World

By Elizabeth Robinson Scovil

Site for Vaccination

It has been suggested that the inner side of the under part of the arm should be used for vaccination, as the scar would then be invisible.

The Maxim of Hippocrates

Hippocrates, the physician of ancient Greece, taught his pupils that the highest duty of the doctor is to prevent disease, then to cure disease, and, where prevention or cure was impossible, to alleviate suffering. The discovery of vaccination by Jeaner, in 1796, was the first important step in preventive medicine. This was followed in the present generation by the discoveries of Lister, Pasteur and Koch.

The Prevalence of Tuberculosis

A German pathologist has stated that, in 98 per cent. of the autopsies he conducted, evidence was found of the work of the tubercle bacilli. There were healed tuberculous scars and fibrotic changes in the case of those who had died of other diseases, or even of old age. The infection most often begins in children, and it is at this time that prophylaxis is most necessary if the disease is to be stamped out. Hygienic measures, fresh air, pure milk and pure food, sleep and sunshine, are the most important.

Smallpox Before Vaccination

The Journal of the American Medical Association says, in an editorial, that, in the city of Konigsberg, from 1773 to 1803, before the day of vaccination, the city was never free from smallpox.

It was most fatal during the second year of life. Out of every hundred children born, an average of from eleven to fifteen were destined to die of smallpox before they reached their tenth birthday. Is it to this condition that the anti-vaccinationists wish to return? Compulsory vaccination seems the only safeguard.

The Support of Hospitals

English hospitals are in serious financial difficulties owing to many causes, chiefly brought about by the war. It is recommended that every patient occupying a bed, who is not absolutely penniless, shall pay something for care and treatment, and that State aid should be given. Employers and insurance companies should contribute largely to the voluntary hospitals, as they benefit largely, both directly and indirectly, by the services rendered.

Evidence of Cancer

A Belgian society has issued a circulation in which women are urged to seek the advice of a physician as soon as they discover anything abnormal in their condition. Seventy per cent. of all cancers occur in women. They can be cured if treatment is begun in time; hence the importance of early notification.

Anthrax from Gloves

It is stated that a case of anthrax, thought to have been caused by infection from a pair of undressed kid gloves, was under treatment in St. Mary's Hospital, New York.

Vomiting in Appendicitis

A German physician says that vomiting at the beginning of an attack of appendicitis is an unfailing indication for immediate operation, as gangrene or suppuration must be present. The pulse and temperature not being alarmingly high does not contra-indicate an operation.

Types of Leprosy

In the Queensland Government lazaretto for lepers, four types of the disease were classified — tubercular, nodular, anæsthetic and mixed. The inmates varied from forty to forty-six during the year, and eight died.

Medical Duty of the State

An Australian medical journal says that certain forms of medical activity cannot be undertaken by the doctors individually. The prevention of disease can only be accomplished by the co-operation of many agencies. The proper authority to bear the responsibility is the constituted health authority under the control of the government. Success depends on the degree of compulsion that can be exercised; and the power of the law is necessary, and alone is sufficient, for the purpose of preventive medicine.

A Practical Bandage

A bandage for the thorax is described in one of the medical journals as being simple and effective. Two three-inch gauze bandages are used. With one bandage three circular turns are made around the chest, close under the arms. The end of the second bandage is covered in one of the turns; it is then carried over the shoulder and down to the scapular region, where it is again caught in the circular turn of the first bandage and carried back over the shoulder, to be caught again in front by another circular turn of the first bandage. The process is repeated until the desired area is covered. If it is wished to cover both shoulders, a third bandage is used at the same time. It will not slip or work loose.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

A COURSE IN DISTRICT NURSING AND PUBLIC HEALTH FOR THE PROVINCE OF NEW BRUNSWICK

In an effort to supply the imperative need for district and public health nurses in the Province of New Brunswick, the Saint John Branch of the Victorian Order of Nurses for Canada, with the co-operation of the New Brunswick Division of the Canadian Red Cross Society and the Department of Health of the Province of New Brunswick, will institute a post-graduate course in district and public health nursing.

The inauguration of this course at the present time has been made possible by the great liberality of the New Brunswick Division of the Canadian Red Cross Society. The course will be affiliated with the University of New Brunswick, which institution will grant certificates to those students who pass successfully the examinations at the conclusion of each term.

This course is open to nurses in good standing who have graduated from a recognized training school connected with a hospital of not less than fifty beds and giving a three years' course of instruction, and who are eligible for registration in the Province of New Brunswick.

The course will consist of four months' instruction, divided between academic work and field and observation work. The aim is to afford such instruction to graduate nurses entering the public health field as will assist them in dealing with the problems of sanitation, economics and education that will be met with in a public health nursing service, and give them a broader view of present-day nursing conditions and training in district nursing. Special emphasis will be placed upon the public health programme in this province.

Whilst taking the course, the students will reside at the Victorian Order Home; they will have free living expenses, and receive the sum of twenty-five dollars per month.

At the completion of their training they will be expected to give one year's service to the Province of New Brunswick, at a minimum salary of one hundred and fifteen dollars per month.

There is a demand for district nurses and public health who can speak French or both languages; this is especially true of the northern part of the province. Without this, school inspection and child welfare cannot be done. It is hoped that graduates with these qualifications will avail themselves of this opportunity.

The general scope of the work is outlined as follows:

I. Academic Work.

1. Twelve lectures in each of the following:
   (a) District Nursing,
   (b) School Inspection,
   (c) Communicable Diseases,
   (d) Modern Social Problems,
   (e) Nutrition.
2. Six lectures in each of the following:
   (f) Teaching Principles,
   (g) History of Nursing Education,
   (h) Social Service Problems,
   (i) Immigration,
   (j) Personal Hygiene,
   (k) Medical Aspects of Infant and Maternal Welfare,
   (l) Tuberculosis,
   (m) Sanitation.
3. Lectures on
   (a) Provincial Legislation,
   (b) Municipal Departments of Health,
   (c) Delinquent and Deserted Children Act,
   (d) Voluntary Organizations, etc.

II. Field Work.

1. The students will receive, under trained supervision, instruction and experience in the actual operation of all phases of district

nursing and public health, as it pertains to the home, the family, the patient.

2. Visits to all institutions, in and about the city of St. John, which have to do with the health or welfare of the community.

A syllabus of the course of lectures, with lecturers, will be issued at a later date.

Dr. Arabella MacKenzie has recently been appointed to the staff of the Massachusetts-Halifax Health Commission to direct the work of the pre-school age dental clinic at Admiralty House Health Centre, Halifax. This is said to be the first dental clinic in the world that will limit its work to the pre-school age period. The dental clinic will co-ordinate the dental work with the various medical clinics, child hygiene, nutrition and posture. Nutrition of the teeth as well as dental prophylaxis will be featured as essential to oral health.

Dr. F. W. Tidmarsh, after having taken a special course in conducting nutrition clinics in Boston, has been appointed to the same staff for the purpose of organizing nutrition clinics in the Commission's health centres in Halifax and Dartmouth. These nutrition clinics will be organized for undernourished pre-school age children and school-age groups.

Dr. W. Alan Curry has accepted an appointment to organize posture clinics for the Massachusetts-Halifax Health Commission. To this service children will be admitted, after such handicaps as adenoids and tonsils have been removed, and the teeth having been placed in the best of condition it is possible to put them in.

These three services will be watched with the greatest of interest by the medical and nursing profession, and by all public health workers.

Canadian Publications

In the old days the Canadian weekly or monthly was able to live on its regular one-dollar-a-year subscription. Now, on the one hand, far more is demanded of a paper, in size and quality, and on the other hand the cost of paper and printers' wages has risen high; yet the editor who puts up his price to two dollars a year is liable to be regarded as a profiteer by some, and dropped by others. Altogether, the lot of the editor of a Canadian weekly or monthly magazine is not a happy one.

—Selected.

A handful of dried lavender covered well with boiling water deodorizes pleasantly and effectively any lingering odor in the sick-room. The fumes are delicate to the most sensitive nostrils, and it is preferable to the ordinary pastilles.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

THE HOSPITAL FOR SICK CHILDREN.

The Cubical Method and Equipment for the Care of the Infant.

By Marion C. Starr, Supervisor, Infant Department.

For those who are interested in the Infant and are unable to visit this special department of the Hospital for Sick Children, this article is written, with the object of giving our readers a general idea into the system of the Infant Department and the advantages of the cubicle system.

This department has accommodation for sixty-five babies, ranging from one hour to eighteen months of age, and the floor is divided by a central corridor; opening off this are small and large cubicles, each small cubicle accommodates three babies and the four large cubicles accommodate five.

Fresh Air Balcony

At the end of the corridor is a large airy balcony, closed in by glass windows and heated by hot water coils.

The Cubicles

Each cubicle is provided with its own ventilating and heating system, also hot and cold running water.

In these cubicles we see the babies' cots, which are lined with a quilted pad containing a pocket, where a bottle of drinking water is kept. This water is sweetened with saccharin, 1 grain to one quart of water, which is given frequently, and the amount taken is recorded on the chart. We find everything necessary for the care of the baby in each cubicle, even to its thermometer.

On admission to the hospital the baby is examined carefully for any sign of infection, such as head cold, discharging ears, etc., before being placed in its cot. The child is also weighed and the weight recorded on a chart. A tape band, on which its name is written, is tied securely around the arm.

The nurse, when caring for the babies, washes her hands thoroughly before going from one child to another. They are only permitted to be taken out of their cubicle twice a week to the "Weighing Room," where the weight is recorded.

Great care is taken in placing the patient according to its complaint, and only by segregating the different diseases in cubicles specially designated can we hope to avoid cross-infection. For instance, one cubicle may have babies with Respiratory diseases, another with Otitis Media, another with Skin infections, Congenital Syphilis, and so on.

After the baby has been examined by the Staff Physician and the House Physician, it is adopted as one of the family and is treated as such until the day of discharge.

The Premature Rooms

There are two premature cubicles on this floor which are always occupied; the main purpose of these rooms is the caring of the premature babies and of delicate infants whose temperatures are continuously sub-normal. These cubicles are provided with extra heating coils, which makes it possible to keep the room at an even temperature of 80 to 85 degrees: the other cubicles on the floor are kept at a temperature of 65 to 70 degrees. The premature babies may be six months or eight months premature, and their range of weights is interesting. Each morning baby is given an oil rub, is weighed, its weight recorded and then dressed in a woollen jacket. The babies are fed by means of a Breck feeder until such time as the mother is able to come to the Hospital to nurse her infant. It is very interesting to watch the weight chart of these tiny tots, and great delight is expressed when one notes the gradual increase in the weight.

Wet Nurses

On this floor provision is made for wet nurses, where they have a room and bath and are able to care for their own babies. They supply the prematures and others which we call our bad feeding cases with the necessary mother's milk.

The Observation Room

In this cubicle special cases are treated and watched; special equipment being used for the collecting of all urine and feces, and this demands the undivided attention of a nurse in order that all excreta collected be sent to the chemical laboratory in an accurate manner.

For the Pneumonia babies the balcony spoken of before is used. It is especially beneficial to these babies, in that it gives plenty of fresh air and sunshine, having a southern exposure (temperatures may be regulated to suit babies' condition). With these desirable conditions, many a child's life is saved.

The Feeding Pantry

This is a very interesting and important feature of the department; here we find a nurse in charge whose duty it is to receive all feedings from the Modified Milk Department, also to see that baby's feeding is

heated and given out on schedule time. The feedings are heated by placing a crate which will contain thirty-two feedings in a special container filled with sufficient water at a stipulated temperature for a period from twenty minutes to half an hour. A thermometer is secured at the corner of the crate so as to avoid any danger of over-heating the feeding. For the older babies specially prepared diets are served.

A laboratory where all routine examinations are made, treatment room, chart room, nurseries and a linen room, complete this department.

Visiting

The parents are permitted to visit their babies once a week, viewing them through the glass partitions of the cubicles. Considerable time is spent by the House Physician or Nurse explaining the baby's condition, resulting in the parents going away satisfied with the care their babies are receiving.

When it is necessary for a parent to enter a cubicle, such as a nursing mother, or when a baby is seriously ill, she takes a gown with hood attached from a box marked "Sterile Gowns," which completely covers her; this precaution is taken to avoid any danger of carrying infection into the cubicle. Should it be necessary for the mother to visit frequently, she leaves her gown on a rack in the cubicle provided for that purpose, and can use it for several visits, after which she discards it in a box marked "Soiled Gowns."

When a baby is discharged, the Social Service Department is notified, and the nurse in the district where baby lives visits the home to see that all treatment is being carried out according to instructions, and that the mother brings the baby back to the Child Welfare or Well Babies' Clinic once a week, in order that the physician may examine it and feel satisfied that baby is thriving.

Put down the passions that make earth Hell!
Down with ambition, avarice, pride,
Jealousy, down! cut off from the mind
The bitter springs of anger and fear;
Down, too, down at your own fireside,
With the evil tongue and the evil ear,
For each is at war with mankind.

Maud.

Washcloths made of squares from soft old white stockings are just the thing for the new baby. These washcloths may be buttonholed or brier-stitched in any color preferred, and are much softer and nicer than anything that can be purchased for the purpose.

The World's Pulse

By Elizabeth Robinson Scovil

Wig by Airplane

The wig which Sarah Bernhardt had ordered to wear in her new play, "Daniel," did not reach Paris on the day of the first production. It had been ordered from her London wigmaker, and there had been an unforeseen delay. She telephoned; but it was too late to catch the morning train to Paris—the daily London-to-Paris had already gone. Bernhardt immediately ordered it sent by special airplane. The wig cost $35.00; its transportation, $350.00.

Oxford Confers Degree on the Queen

The first use Oxford has made of its new power to confer degrees on women is to bestow the honorary degree of Doctor of Common Law on the Queen. She is to visit Oxford to inspect the women's college there, accompanied by the Princess Mary.

A New Treatment for Leprosy

The daily press reports that Sir Leonard Rogers, professor of pathology at Calcutta, has added salt to the chaulmoogra oil, which has long been used in the treatment of leprosy. This seems to render it much more efficacious. It is injected intra-venously. In one case a leper regained his sight; in another, the sense of touch was restored. Several cases have remained apparently cured for two and a-half years. A preparation of cod liver oil is now being tested in Indian leper hospitals.

A Fast of Thirty Days

Marie Lipinska, a well-known Polish woman doctor, practising in London, fasted for thirty days recently. She says her intellectual faculties were practically suspended; her memory acted very slowly; she was incapable of thinking, reading, writing or talking.

X-Ray Snapshots

A new photographic plate has been perfected which is twenty-five times more rapid than any in use hitherto. It is now possible to take radiographs of the heart, lungs or stomach in a fraction of a second. This lessens the risk of exposure to X-rays for both patient and operator. Photographs of organs in the living body now appear perfectly distinct. Under longer exposure the natural motion caused the photograph to be slightly blurred, rendering diagnosis more difficult.

Chinese Wireless Stations

Five wireless stations have been erected in China by an American company. Two are at Shanghai, one at Hankow, one at Pekin, and one at Harbin. The Japanese legation has protested against the arrangement.

A Fertilizer from the Air

The British have penetrated the secret of extracting nitrogen from the air by chemical methods. It will be possible to produce all that the land of the country needs, and this with much less expenditure of power than is necessary in the methods in use in other countries. Nitrogen is also an element in the most powerful explosives.

Canadian War Memorials

The Dominion Government has decided to hold a competition for the design of the Canadian War Memorials to be erected on the battlefields of France. Judges are to be chosen from the Royal Architectural Institute of Canada, the Societe Centrale des Architects Francais, of France, and the Royal Institute of British Architects. They will meet in Canada this spring to arrange the details of the competition.

Relics of General Wolfe

A number of relics of General Wolfe were sold in London recently. Among them were the secret instructions from George III. to him before the capture of Quebec. They say, in part: "In case you shall make yourself master of Quebec, our will and pleasure is that you do keep possession of the said place, for which purpose you are to appoint, out of the troops under your command, a sufficient and complete garrison." Thirty autograph letters from Wolfe to General Robert Monkton and Wolfe's draft articles for the capture of Quebec were also sold.

Measuring Light

It is stated that the term candle-power, as the unit of light measurement, will be displaced by the "lumen," a unit that takes into account not merely the intensity of the light in a given direction, but the total flow of the light from the illuminating source.

Wireless of the Wild

A letter to an English newspaper says that an educated Australian aborigine stated, in a lecture on native customs, that messages were sent long distances by means of thought transference. Smoke signals were used by the senders to warn the receivers to put themselves in a receptive condition.

Climbing a High Mountain

The ascent of Mount Everest, the highest peak in the Himalayas, is to be attempted by members of the Royal Geological Society. This is the last, and perhaps the hardest, of the great adventures, now that the North and South Poles have been conquered. It is 29,140 feet high.

Canadian Army Medical Nursing Service Department

Matron H. E. Dulmage, A.R.R.C., has been transferred from the Westminster to S. C. R. Hospital, St. Anne de Bellevue, P. Q.

Her friends will regret to learn that the health of Nursing Sister E. M. Wimbush necessitated her removal to Rockwood Hospital, Kingston.

Nursing Sister M. K. Lindsay and her sister have taken a five-year lease of the Inn at Wakefield, P. Q., and are busily engaged in re-furnishing and modernizing the premises in preparation for patrons. Ottawans are greatly interested in Sister Lindsay's scheme and are already looking forward to holidaying and week-ends at the Wakefield Inn.

Nursing Sister M. O. Lindsay, A.R.R.C., has been holidaying in Honolulu and is now in San Francisco. A contribution from her pen would be very acceptable.

Nursing Sister E. M. Whitney, A.R.R.C., is visiting friends in Fredericton, N. B.

Nursing Sister M. C. Vadenais is at present engaged in private nursing in Ottawa.

Nursing Sister Bertha P. Creelman has accepted the position as Superintendent of the Ashtabula General Hospital, Ashtabula, Ohio, and Nursing Sister Louise I. Lanktree is Instructor of Nurses at the same institution.

Mrs. Sanford Fleming and Mrs. Gibson (nee Nursing Sister D. Couillard) announce the opening of an antique shop in Ottawa on February 24th. The venture should prove a huge success.

Envious eyes are turned towards the announcement that a house in Cavendish Square, London, has been acquired for the United Nursing Services Club. In addition, charming out-of-town premises have been bought for the use of ex-service nurses during their holidays. When may we hope to publish a similar notice concerning the C. A. M. C.?

Nursing Sister Lucy Saunders has been appointed Assistant Superintendent of Nurses, Winnipeg General Hospital.

Nursing Sister Frances McNally is on the staff of the King George Hospital, Winnipeg, Man.

Nursing Sister Jessie Barrow, who had been ill for some time, has resumed private nursing.

Nursing Sister E. LeRoy, Night Supervisor of the Winnipeg General Hospital, has accepted the position of Assistant Superintendent Nurses, Broad Street Hospital, New York. Sister LeRoy will be glad to welcome any of her old friends at 129 Broad Street, New York City.

Nursing Sister Annie Mitchell, A.R.R.C., is Night Supervisor of the Psychopathic Department, General Hospital, Winnipeg, Man.

Nursing Sister M. McGillvray is in charge of the Private floors, Winnipeg General Hospital.

Nursing Sister A. H. Nelson, A.R.R.C., was the guest of honour at a delightfully arranged tea given by Miss Maxwell, Superintendent of the Training School, St. Luke's Hospital, Ottawa. The occasion was by way of a farewell to Sister Nelson, whose marriage to Captain H. Robillard, S. C. R. Hospital, Ste Anne de Bellevue, took place a short time ago.

Nursing Sisters M. G. Gould, V. Rae, M. F. Lavell, N. Morkin and F. West, A.R.R.C., are attending the Public Health Course at the University of Alberta.

It is of interest to learn that the overseas sisters resident in Edmonton have formed an association. Details are not at hand. If this meets the eye of the President, it is hoped she will communicate.

Nursing Sister E. A. Thom, A.R.R.C., who joined the American Red Cross, is serving with the Near East Relief Expedition in the Caucasus.

Owing to a typographical error, the name of Nursing Sister Edith Hegan, R.R.C., whose engagement was announced in the February issue, was given as Nursing Sister Edith Regan.

The list of competitors in examinations held recently throughout the Dominion for positions vacant in the Civil Service included a few Nursing Sisters. The result is being awaited with interest. The appointments in question are: Principal Woman Immigration Officer: Minimum salary of $1800 per annum; maximum, $2280. Preference given to applicants from the Provinces of Quebec and New Brunswick. Principal Woman Emigration Officer: Minimum salary, $1800 per annum; maximum, $2280. Vacancies required to be filled at London, Eng., Liverpool, Eng., and Glasgow, Scotland. Assistant Principal Woman Emigration Officer: Initial salary, $1380; maximum, $1740. Vacancy at London, Eng.

In all these appointments the initial salary is supplemented by whatever bonus may be provided by law.

In St. Andrew's Presbyterian Church, Ottawa, on Sunday morning, February 6th, a tablet erected in memory of the late Matron Margaret H. Smith, R.R.C., was unveiled. The memorial sermon was preached

by Major, the Rev. G. D. Kilpatrick, and the unveiling of the tablet was performed by Mrs. Arthur Meighan, wife of the Honourable the Premier.

The tablet, which is of handsome design, occupies a prominent place beneath the choir gallery and bears the following inscription: "In affectionate memory of Matron Margaret Heggie Smith, R.R.C., and Bar. Died 12th May, 1920. A Member of the C. A. M. C. Nursing Service since 1902. Served in the South African War and over five years in the Great War. This Tablet is erected by the members of the Overseas C. A. M. C. Nursing Service."

The ceremony throughout was most impressive. Rev. Mr. Kilpatrick referred feelingly to the life of service and sacrifice led by Matron Smith, and pointed out the relation of such a life to other lives dedicated to Christ. There were three points of contact: 1, the inspiration of love; 2, the swift recognition of need, human and divine; 3, a measureless sacrifice.

These things, the preacher said, should call forth notes of thanksgiving and pride, as in the old days, at an hour of sacrifice, they sounded the trumpets and sang the songs of the Lord.

The memory of Matron Smith, Rev. Mr. Kilpatrick said, should lead to a high resolution to keep faith with those who died for the nation.

As the preacher delivered the words "To the glory of God and in pride and loving memory this tablet is now dedicated," Mrs. Meighen pulled the cord and a thin silk Union Jack fell away and revealed the tablet. This was followed by a brief dedicatory prayer and the singing of the Doxology.

* * * *

HOW I CAME TO THE Q.A.I.M.N.S.R. AND FOUND THE WAR

When I actually stood on the threshold of a British war hospital, I had stage fright. Absolutely. It was utterly unlike any other hospital ward I had ever seen.

It was a bright sunny morning in Lancashire. The doors and windows were open and there were birds twittering in the rose bushes. The ward was very long and wide. The floor was shining, a yellow pool of paint and polish that glistened like glass from many applications of beeswax. Visioning myself skating across the slippery floor, I advanced with caution.

A grimfaced woman with the scarlet stripes of seniority on her arm advanced, eyed me coldly and said:

"You will do dressings." Then she walked away.

I tried to appear calm. As a matter of fact I was very much fussed. And I wanted to run away.

Two rows of narrow black iron cots extended the entire length of the ward. They were covered with scarlet-flowered spreads, and each pillow had a snowy slip. The top sheets were turned back over the spreads with methodical precision, exactly eighteen inches, as I learned in time. We measured with a yard stick.

Nearest the entrance door, in the space where I stood, was the Day Room. It was a revelation to me. Here patients' meals were served at the two long tables of yellow oak, which, uncovered, shone like the polished floor. There was a long steam table, zinc covered. An electric stove, cornered off with a scarlet screen. Leather chairs, a billiard table, a piano, a victrola and two couches with piles of pillows that spilled over against a well-stocked book case.

Hopelessly, I tried to readjust my New World ideas of hospital wards to this light housekeeping, recreation-room effect, flanking the long rows of occupied beds.

There were potted plants standing around, too, in this surgical ward, rubber plants, and long, trailing, feathery stuff, and ferns. There were birds trilling in cages in the sunny windows, and saucy red geraniums on the window sills.

Firmly fixed hospital traditions of shining nickel and white enamel, of glass-covered tables, and the elimination of all unnecessary furniture loomed accusingly in my mind. And still I stood, marooned on that shiny yellow floor, wishing that it would open and swallow me up.

I learned, however, to appreciate that Day Room mightily.

A bright-faced Irish nurse with a little lace-trimmed cap and a huge bow tied under her chin rescued me, and undertook to show me how to "do dressings."

Quiet-voiced, capable, she piloted me down the long ward, explaining, as we approached each bed, the nature of the wound, the dressing to be applied, and the stage of injury. There was no ostentation about her, and quickly I recovered self-confidence. As we went we wheeled a cart from bed to bed, the dressings and basins and bottles piled upon it, with towels and sterile gauze. They called it a trolley.

I think I shall never forget the first wound I saw. A youth sat propped up in bed, his right arm extended on a bedside table. The while the little Irish nurse was deftly cutting bandages. She said:

"Explosive bullet—shattered ulna—saline dressings, no drainage, inclined to haemorrhage."

I was gazing in horror at the scarlet-soaked gauze, the splinters of bone like bits of ivory, and the shapeless mass of mangled flesh above a slender boy's hand.

I suppose my distress was written on my face, and just for an instant things slanted precariously. But I refused to faint, and, as I struggled for that elusive "calm," the boy said simply: "It doesn't hurt, Sister."

No one had ever called me Sister before, in the army. I was to know the wonder of being a sister to these lads in practically every sense of the word, and the word at that moment had a magical effect on me.

I was no longer an outsider. The little green valley across the sea was far behind. So far, my knowledge of the war had been mostly fluttering flags and brass bands, with, of course, the glimpses of wounded soldiers we had had in London.

Now I was on the inside, with the boys, in the big game of Life and Death. And mine was the privilege to help.

I did that dressing myself. And I did it slowly, but my hand was steady. And I was glad, because "it did not hurt."

From bed to bed we went, until at the end of the morning we trundled our trolley back to its corner behind the scarlet screen. We scrubbed our hands with ether soap at an open window overlooking a thicket of gorgeous rhododendrons, in the shade of which some boys in blue sprawled idly, their crutches near at hand. And this was the war.

It was twelve o'clock. The morning had gone, and I wasn't even tired. In fact, I was anxious for more dressings to do. I knew the meaning of war at last, and there could be no going back, no talk of peace with an enemy like ours.

The ward sisters and orderlies lined up behind the steam tables. There were white cloths on the oak tables now, and dishes, and silver. It was all scoured and shining, too, and the dishes were white with the King's crest in blue. Fascinated, I watched my first "ward dinner" being served.

The convalescing patients formed in line and waited their turn. A few helped the orderlies to carry the food to the men in bed. There were many willing hands, and the work went quickly.

The charge sister, who was really very kind and nice in spite of her frozen face, tied a clean towel around her waist and served the dinner, piping hot, from the steam tables. There were meat and potatoes, a second vegetable, and a milk pudding. One thick slice of bread was served to each man, with a glass of milk or water.

It was fun serving the bed patients, for, of course, they received theirs first. There were no trays. The plates were carried from bed to bed, the men had their own knives and forks and spoons, and a V.A.D. carried around salt and pepper and bread. Soon all was a-clatter with the business of eating.

When the bed patients were served, the men in line sat down at the tables, and were served by the orderlies.

When the meal was over, the men cleared away the tables, and shook the tablecloths in the garden, and folded them up with great attention to creases. They were as careful about folding those tablecloths as they were about folding their blankets on inspection mornings.

Quite recently, there had been heavy storms at sea, and millions of gulls had been driven inland in search of food. The soldiers saved their crusts to feed them, and that is why they shook the tablecloths in the garden. The gulls flew, screaming, in grey clouds, after each meal.

Then a little group of soldiers gathered around the piano; a few knocked billiard balls aimlessly. There were four fireplaces, and, though the day was bright, it was still chilly, and red fires crackled on the hearths. The boys gathered around the fires, and soon the air was sweet with the scent of woodbines.

That very hour I began to appreciate the meaning of a Day Room. It was a regular community center, and the boys called that one "The Better 'Ole."

It was a happy, busy life we lead after that. The day began at six o'clock, when the maids rapped at the doors in the Nurses' Quarters. The seniors had tea before they arose, one of the few things we envied the seniors in the British army. Their life, for the most part, was a thing of endless trial and tribulation, of checking supplies, of interviewing irate colonels and quarter-masters. And the matron, an inaccessible person of castiron countenance, who carried a sheaf of keys at her belt and bristled with self-esteem, was no easy taskmaster. Happily for us, we encountered her but seldom. The seniors were her mediums of exchange. And after all, the seniors were the women who managed that vast hospital. Efficiency, capability and good management oozed from their fingertips.

The hospital, with four thousand patients, and a small army of scrub women and orderlies and attendants, was like a big machine, that moved by clockwork. No need to look at one's watch as the tea hour or the dinner hour approached. For the clanking of milk carts along the long stone corridors, the odor of tea as it passed in big kettles, was sure to correspond with the time of day. Punctuality was the password there.

There were the busy mornings, the two hours a day off duty, in the afternoon, when the nursese for the most part slept, or sewed; the brief intercourse at tea-time, before the return to the wards, when little knots of women gathered around the tea tables, to drink tea and eat thin slices of bread and butter, to say "Have you had any mail from Canada?" or "Do you like your ward?" or "I'll see you after dinner."

Dinner was at nine o'clock, when the day was over. The Sisters' Mess was a long low room, all tables and chairs, and the center of gravity was the mail table. After we had passed the first stages of torture and disappointment over delayed mails from Canada, we learned

to comfort ourselves in the thought that when the mails did come there would be more than one letter. And we got the "London Times" habit. It sounds unbelievable now, but the London Times was the only paper that carried a long, daily list of casualties. And at that time it ran a double page of casualties, in small agate print. The autumn papers doubled the space devoted to "Killed, Wounded and Missing."

And every woman who approached the mail table took her turn at scanning the casualty list. Sometimes a little exclamation, a smothered sob, a hasty crumpling up of the paper, and the flutter of skirts as she left the room suddenly proclaimed all too eloquently that one of the British women had found the name of a brother or a sweetheart in the list. The next day she would be back on duty with a calm face, a quiet voice. And there was nothing to be said! "I'm sorry" sounded idiotic.

And so we went on, drawn to that casualty list as a bird is fascinated by a snake, and aware, as time went on, that the space devoted to casualties was ever on the increase.

Then, after dinner, there were the walks to the little village, the expenditure of a few pence upon biscuits or sweets, as the British call candies, and the quietness of an English landscape at night.

The birds sang in the garden after dusk. The little village at our gates, with its crooked street among the copper beeches, its sandstone houses, and its whitewashed cottages, echoed the laughter of little children. Women and men who were too old to fight worked in their gardens in the twilight, training roses or clematis up the whitewashed walls, leaning over their gates, and talking in low tones about the war.

The old church, where Cromwell had stabled his horses, stood on a little hill behind the hospital, and around it crumbling headstones and mossy graves made peaceful shadows. There was a "sexton, old and grey," and sometimes the organist, an old man with long white hair, played in the evening. Then we would sit on the gravestones and listen to the music that flooded in golden melody into the peaceful pastoral prettiness of an English maytime.

Across the green fields, beyond the stately elms, and the yellow sweep of gorse bushes, lay the Irish sea like a smudge against the sky. And a few miles away, the cotton factories, the munition factories, the soap factories, belched smoke into the sky.

Sometimes, if the days had been fairly "easy," we walked into town, three miles away, just for the sheer gratification it gave our curiosity to get so close to the factory types of England. The old taverns with their quaint, absurd names amused us. There was the Fox and Goose, the Green Hind, the White Bull. There was the shop with the creaking sign which read "Cows Heels, Tripe and Sheeps Heads." And there were the fish shops that smelled so vilely, and the butcher shops that opened on the pavement.

But it was the part of the city where the factory hands lived that

fascinated us. The women in shawls and wooden shoes, clattering over the cobblestones, with their pails of beer, their hair forever in curl papers, their babies forever unwashed and unkempt, crying in the streets. And their men, one and all, in France. They were carrying on, these poor, untutored women of the shawls and clogs, and the pity of it all was that they scarcely knew what it was all about. They only knew that it was war, and that their men had gone.

With their Lancashire dialect, they might have been talking Greek to us. But we passed them in the streets, and we knew another side of the great war. The side that could have no comfort in the knowledge of heroic deaths, the unschooled, untaught minds that groped along, breathing factory smoke and smells all day long; the bodies that were old before their time. For they resented the war as a thing that took their men away from them; a thing that seldom sent them back. And at first they resented our very appearance in uniform. They thought we should have been working in the factories. But in time, as their men came back, and they came to know us in the hospital, where their men lay, we knew the philosophy, the kindliness of these harsh-voiced women, who swore and drank at their doorsteps at night, in the place we called the slums.

Will some one say, then why not ill for good?
Why took ye not your pastime? To that man
My work shall answer, since I knew the right
And did it; for a man is not as God,
But then most Godlike being most a man.

—*Love and Duty.*

Helpful Hints

Rub tar stains with salad oil until the stained fabric absorbs it. The tar may then be completely removed with benzine.

Alcohol will remove grass stains.

To remove pus stains from muslin, pour a pint of cold water over a cup of chloride of lime. Let it stand over night. In the morning saturate the stains with vinegar and pour over them the chloride of lime water. This method will also remove ink, fruit, and rust stains.—M. R.

A child will often put a bean, pea, pebbles or a large bead up its nose, much to the distress and alarm of its mother; but the obstruction can almost always be quickly and painlessly removed by holding the child's head firmly, placing one finger over the free nostril and instructing the child to "blow hard" through its nose, while the mouth is closed—the offending foreign body will then fly out with considerable force.

Hospitals and Nurses

NOVA SCOTIA

Yarmouth

Miss Alma Hopkins, the first graduate from the Yarmouth Hospital, was married May, 1920, to Mr. J. M. Walker, Mayor of the town of Yarmouth.

Miss Marion Durkee (1915) is on duty at a private hospital on Back Bay Road, Boston, Mass., and Miss Winnifred Kavanagh holds a position at the Private Maternity, Providence, Rhode Island.

Miss Winona Durant is on the staff of the V. O. N. in this city, and Miss Beveridge is doing Public Health work, also, in Yarmouth.

Miss Evelyn Atkinson (1919) is Assistant Superintendent, and Miss Enid Caldwell (1920) Night Superintendent at the Yarmouth Hospital.

Miss Lavina Adams (1917) is Superintendent of the Ainslie Hospital, Truro, N. S.

Miss Florence Holmes and Miss Evelyn Purdy graduated September, 1920, and have accepted positions in Dr. Meade's Private Hospital, Halifax.

Halifax

The annual meeting of the Halifax branch of the V. O. N. was held recently, and a very gratifying report was made of the work done. Beginning the order work in Halifax with two nurses in 1902, the organization now has a staff of eleven, who made altogether 24,676 visits. The many speakers showed their appreciation of the work of Miss Luxon and her staff, and at the same time emphasized the need of more money in order to maintain the present staff of nurses and accomplish the same work in the ensuing year. The V. O. N. has worked in close touch with all the other agencies working for the health of the community, and has accomplished a wonderful work and reputation in the city for efficiency and service.

At the February meeting of Nova Scotia Graduate Nurses' Association, members had the privilege of listening to a most entertaining and instructive address from Miss Hayhurst, Field Secretary of the Royal Canadian Society for the Blind. Although only incorporated in 1919, this society has already accomplished excellent results in improving conditions of the blind in Canada.

One hundred and ninety-two Canadian soldiers were blinded during the war. One hundred and twenty-six of these were trained, and are now self supporting. The library in connection with Pearson Hall,

Toronto, the Residential Training School for Blind Soldiers, contains 13,000 vols. of Braille. These volumes, despite their enormous weight, are circulated, post free, throughout the Dominion. In civilian life, one blind person for every thousand of the population is the average statistical proportion. Nova Scotia, according to the census, registers a population of 492,238, and 515 blind residents. Satisfactory reports are received from the various workshops for the blind established throughout the Dominion. They are located at Halifax (1), Toronto (2), Winnipeg (1), Vancouver (1). A concrete broom factory in the north end of Halifax is almost completed.

Of the excellent work accomplished by the sight-sewing classes conducted at the Lower Road School, Halifax, with its well-equipped school-room, the only one of its kind in Canada, Mrs. Heyhurst spoke with great enthusiasm. She also paid high tribute to the genius and enterprise of Sir Frederick Fraser, Superintendent of the Halifax School for the Blind, and a Vice-president of the National Association.

A brief business session preceded the address. New members admitted were: Nurses Goddard, Best, Ethel Elliott and Elizabeth Purcell.

War Memorials.—In commemoration of Nova Scotian nurses whose lives were sacrificed during the war, it has been decided to endow in perpetuity a "Cot" at the Halifax Children's Hospital. For this purpose it will be necessary to raise $2000. About $450 of this amount has already been secured.

The Alumnae Association of the Victoria General Hospital has decided on erecting a bronze tablet to the memory of graduates who died on active service. A substantial sum, it is understood, has also been subscribed toward this memorial.

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NEW BRUNSWICK

About 400 people attended the dance and bridge recently given by the Alumnae Association of the General Public Hospital, St. John, N. B., and were unanimous in the expression of the opinion that it was one of the pleasantest and happiest of recent social events. The general convener was Miss Maud Gaskin, and the members of the reception committee were Miss Mitchell, president of the association, Mrs. R. D. Smith, and Mrs. Fred Dunlop.

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QUEBEC

Montreal General Hospital

Miss F. Upton (1908) has accepted the position of Superintendent of Nurses at the Protestant Hospital, Sherbrooke, Que.

Miss M. Earle (1916) and Miss E. A. Daly have accepted positions at the Lawrence Hospital, Bronxville, N. Y.

Miss E. L. Dickie (1910) has charge of the emergency work at the Laurentide Paper Mill, Grandmere, Que., and Miss E. Gruar with the Imperial Tobacco Co., Montreal.

The sympathy of the graduates is extended to Miss Mary McRae (1908) on the death of her mother, which took place in Campbellton, N. B., in January, and to Mrs. J. Woods Price (Sophie Hoerner, 1898), on the death of her infant daughter and her own serious illness.

Miss M. J. Barry (1910) is Superintendent of the General Hospital, Swift Current, Sask.

Miss Edith Conrad (1918) and Miss Annie Harris (1916) are convalescing, after being patients in the hospital for some weeks.

Misses Della Ingraham (1908) and Olive McKay (1905) are on the staff of the S. C. R. at Ste Anne de Bellevue, Que.

Miss Charlotte McNaughton (1904) has resigned from the S. C. R. and is visiting in California.

Royal Victoria Hospital

The Alumnae meeting of February 2nd was addressed by Dr. E. C. Levine on the subject of "Blood Transfusion." Dr. Levine, who has met with great success in this branch of his work, made his subject most interesting and instructive. He exhibited the apparatus which he uses, part of which is his own invention.

Invitations have been sent out by the R. V. H. Alumnae for a dinner to be held at the Ritz-Carlton Hotel in honor of the graduating class of 1921. The class numbers 41 members.

Miss Olive Rand, of this year's graduating class, has taken a position at the Montreal Maternity Hospital.

Miss Katherine Stead, who has been on the operating room staff for several years, is leaving in March, and will visit her home in England shortly.

An interesting letter was received a short time ago from Miss Margaret Woods (1914). Miss Woods is at present at the S. C. R. Hospital, Esquimalt, where she is convalescing from a long and severe illness contracted overseas. She speaks of having seen several R. V. H. graduates in the west, among them Miss Mable Patterson (1913), and Miss Charlotte Jack (1914), now Mrs. Robertson.

Western Hospital, Montreal

Miss Muriel McKee (1917) has accepted a position as Assistant Superintendent at the Toronto Western Hospital, and Miss Marjorie Reyner (1919) as Instructress of Probationers at the same hospital.

Miss Margaret Leavitt has returned from Ste. Agathe, after two months' duty at the Laurentian Sanitorium.

Miss Charlotte Nixon (1914) has resigned as Superintendent of the Sherbrooke General Hospital, and is now doing duty at the Montreal Red Cross Lodge.

Miss Phyllis Dean (1916) has accepted the position of Night Superintendent of the Montreal Western Hospital.

The first annual report of the Association of Registered Nurses of the Province of Quebec only covers a period of eight months. The Act was passed by the Quebec Legislature February 14th, 1920, and at that time the G. N. A. of Quebec was the Provincial Association. It was decided to dissolve and re-organize under the new name according to the Act. The provisional committee, consisting of the president, Miss DeLany, Miss Hersey, Miss Young, Miss Chagnon, Miss Seguin, Miss Guillemette and Miss Phillips, were asked to continue their offices till the end of the year. More than 800 applications have been sent out and 773 certificates issued, showing much interest taken by the nurses in this first year. Application has been made to the C. N. A. T. N. for affiliation, as, owing to the reorganization, the membership of the previous association had lapsed. The annual meeting was held January 25th in the Nurses' Club House, and was well attended by representatives from different parts of the province, as well as local nurses. Miss Delany, the president, in her opening remarks, stated that the members of the Association were from 58 hospitals. Three hospitals had lengthened their course to three years in order that their graduates might be eligible for their R. N. Miss DeLany also spoke of the scholarship granted to a member who is now attending McGill University, and said that it was the intention to grant another, and possibly two, during the coming year.

The election of officers resulted in the return of those who had served the previous year, the secretary casting the required ballot. Two most interesting and instructive addresses were given by Drs. Beaudoin and Desloges. The former spoke of the work of the Superior Board of Health, and Dr. Desloges on Venereal Diseases, illustrated by moving pictures. A social half-hour and refreshments brought the meeting to a close.

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ONTARIO.

Ottawa

The Ottawa nurses and their friends enjoyed an unusual treat when Dr. Maude Abbott, B.A., of McGill University, Montreal, gave an illustrated lecture on "Nursing Saints—Past and Present"—under the auspices of the Florence Nightingale Association, of Ottawa. A pleasing musical programme completed the evening's entertainment.

On invitation of Miss Catton, the President, Matron-in-Chief Macdonald occupied the chair.

The February meeting of the A.A. of the Ottawa General Hospital was largely attended, and, after the routine business, Rev. Father Cornell delivered an interesting address on "Nursing Ethics."

Sister Constance, who has charge of the teaching staff of the O.G.H., is taking a course in anaesthetics at the hospital.

Sister Flavia, of the operating room staff of the O. G. H., has left for Brooklyn to take a post-graduate course in operating room technic at St. Catherine's Hospital in that city.

Sister Valerie, of the out-door department of the O.G.H., accompanied Sister Flavia and will take the course in hospital record-keeping.

Ottawa C. C. G. P. Hospital

The Woman's Auxiliary—"Hospital Santa Claus," presented gifts to all patients and employees of the C. C. G. P. Hospital, Lady Stanley Institute and Annex.

The May Court Club, as usual, provided a Christmas tree for the children's ward. Mrs. Louis White was convener of the committee. Mr. Louis White acted as Santa Claus, and was assisted in distributing the gifts by Miss Cochrane, the "May Queen," Lady Rachel Cavendish, Miss Pelly, Lady Cobbold, Mrs. White and other members of the club.

The nurses of the Lady Stanley Institute presented a beautifully decorated tree and numerous gifts to Miss Ethel Moore, who is a patient at the Royal Ottawa Sanatorium. Miss Moore was a pupil of the L.S.I. Training School when she unfortunately developed the illness which for the present time incapacitated her.

Miss Mercie Grey (Mt. Sinai Hospital, New York), one of the charge nurses of the Protestant General Hospital, slipped on the icy streets recently and had the misfortune to fracture the neck of the left femur. She is improving steadily.

Miss Hazel Johnson, supervisor of the operating room, is recovering after an operation for appendicitis.

Miss Pauli, a recent graduate, is taking a post-graduate course in New York.

Miss Pauli was the "Cum Laude" graduate of the class of 1920.

Miss Hollingsworth has taken a position as office nurse to Dr. Klotz, after a post-graduate course in New York.

Miss Menzies (1920), has been appointed superintendent at Dr. Hagar's private hospital for Women.

Miss Barton succeeded Miss Busby as office nurse to Dr. Webster.

The following seventeen graduates of the L.S.I. Training School have married during the past year: Misses E. C. McKinnon, H. M. Kinnear, J. M. McCallum, N. E. Dawson, A. E. Dennison, M. L. McVey,

E. H. Hunt, M. J. Code-Wilson, A. McLean, M. Clement, C. Busby, M. Stewart, M. I. Tubman, B. Kirkpatrick, G. G. Beatty, G. E. Clement, N. B. Riddell.

Toronto General Hospital

Mrs. M. A. Moore (T.G.H., 1902), is spending the winter at Long Beach, California.

Miss Bella Crosby (T.G.H., 1901), after a course at the Agricultural College in poultry farming, has located on a small farm near Galt, and enjoys her new life immensely. Before leaving Toronto, friends gave a kitchen shower for Miss Crosby, and, from the array of gifts, her kitchen, as well as other parts of her new home, will be a constant reminder of friends of her profession.

Kingston

The Kingston Chapter of the G.N.A.O. held its February meeting at the residence, K.G.H. Dr. O'Hara, medical missionary in India, gave an interesting talk on her work and made a strong appeal for nurses. Miss Root, Boston, spoke of social service work and the forming of community centres. It was decided to hold a card party at Sydenham Hospital later, for the benefit of the Chapter.

Miss Carey, graduate of the Montreal General Hospital, has succeeded Miss Boskill as superintendent of nurses at the K. G. H.

Chatham

At the December meeting of the St. Joseph's Hospital A. A., after the routine business, a paper on Registration was read and a discussion on the proposal to have a private nurses section was enjoyed.

A splendid talk on Parliamentary Procedure was given by Mr. J. A. McNevin, which was most interesting. Hourly Nursing was taken up as a topic of discussion, and the meeting adjourned for a social hour.

Miss Lyle Masterton (1917) has accepted a position as school nurse at the Northwestern High School, Detroit, Mich.

Kitchener

The need of a thoroughly-equipped ambulance has been realized by all in Kitchener, and the K. & W. H. Alumnae Association have, after much work and personal canvassing for funds, purchased a McLaughlin ambulance, which supplies a long felt want.

The wish to hear good music has been expressed by the patients at the Freeport Sanatorium; the local store of Heintzman has donated a Victrola, and the Nurses Association provided a number of records for the machine.

Miss M. Scott (1918) has resigned her position in Allegan, Mich., and is doing private duty in Kitchener.

At the annual meeting of the K. & W. A. A., the former officers were re-elected. After routine business, flowers were presented to the president and a social evening followed.

London

The January meeting of the Victoria Hospital A. A. differed from most of their meetings in taking for their topic a talk of the "Life and Work of Robert Louis Stevenson." This was given by the City Librarian, Mr. Fred Landon, who gave a very interesting address. The business of the evening was chiefly the passing of a unanimous vote of appreciation to Miss Stanley, and regret at the ill-health which necessitated her resignation from the position she has occupied for so many years.

Miss E. MacP. Dickson, of Toronto, President of the C. N. A. T. N., was a visitor in London, attending the Dominion Social Service Council which was held January 24-27.

Local delegates from the National association are Miss D. Hutchison, Miss Agnes Malloch, Mrs. Walter Cummins, and Mrs. A. C. Joseph.

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MANITOBA

Brandon

The Graduate Nurses' Association held their usual business meeting in the Clement Block, February 1st, with fifteen in attendance. Business arising out of the recent convention was dealt with. After business, a most interesting paper was read and a full discussion took place, with reminiscences of war-time nursing.

The annual meeting of the M.A.G.N. was held in Brandon, January 24th and 25th, 1921. The following officers for 1921 were elected: President, Miss M. Martin, Winnipeg; First Vice-President, Miss C. McLeod, Brandon; Second Vice-President, Miss Cotter, Dauphin; Third Vice-President, Sister Arcand, St. Boniface; Secretary, Miss E. Carruthers, Winnipeg; Treasurer, Miss Florence Robertson, Winnipeg; Corresponding Secretary, Miss Elizabeth Russell, Winnipeg; Convener of Legislative Committee, Miss E. Gilroy, Winnipeg.

Resolutions asking for assistance from the Red Cross Society and the University of Manitoba in solving of educational problem of nurses and the forming of an emergency force; asking the aid of municipalities in decreasing the death rate from preventable causes; supervision of hospitals; and resolutions of sympathy to nurses ill and appreciation to the B. A. G. N. for all they had done during the convention were passed during this session.

Many interesting reports were read by Misses E. Carruthers, E. Russell, and M. L. McNeel, of Winnipeg. Two important papers were read by Dr. L. J. Carter on "Some Present-day Problems of the Nursing Profession," and by Mrs. Clement on "The Nursing Body in the World's

Problem, As I Have Seen It." The latter, as president of the Local Council of Women, brought the nurses greetings from that body. Miss C. M. Powell, of Winnipeg, gave a paper on "Some Problems in Training School Administration." The final event was a banquet given by the members of the Brandon G. N. A. in honor of the visiting delegates. They also entertained the executive at lunch in the private dining room of the hotel, and, in the afternoon, the nurses made a visit of inspection to the Hospital for Mental Diseases, after which the visitors were entertained by Mrs. C. A. Baragar. His Worship Mayor Dinsdale welcomed the delegates to Brandon, and Mr. A. P. Jeffery welcomed them on behalf of the Hospital Board.

About sixty delegates and members of the B.A.G.N. attended the dinner at the Prince Edward Hotel, Tuesday night. Mrs. S. J. S. Pierce presided, and after all had done justice to the repast, a short program of toasts was given. The tables were prettily decorated with pink carnations and white narcissus, and dainty menu cards with song sheets enclosed made delightful souvenirs. As it was "Burns Nicht," many Scotch stories were told and songs sung. The clever verses written about some of the visitors and sung to the tunes of popular songs caused much amusement. Vocal solos were contributed by Mrs. Olive A. C. Wilkins, B.A., who sang "Bonnie Doon," and for an encore "Comin' Thro' the Rye"; and Mrs. R. A. Clement, whose choice was "An Old Fashioned Garden," and who also received an encore. Those who spoke to the toasts included Mrs. Pierce, Mrs. R. A. Clement, Miss M. Finlayson, Miss Margaret Gemmell, Secretary B. A. G. N., Miss McNeel, of Winnipeg, Miss M. Martin, Winnipeg, and Miss M. Hulbert, Vice-president of the B. A. G. N., Miss Kathleen Moffatt, A. T. C. M., and Miss L. Wilkinson acted as accompanist.

St. Boniface Hospital

Misses L. McEwan, J. Armstrong and Alexander, have accepted positions on the staff of the St. Boniface Hospital.

Misses T. Bedford and Dunlop are on the staff of the Misericordia Hospital, Winnipeg.

Miss J. Roberts (St. B. H. '15), is anaesthetist at Dr. Galloway's Hospital, Winnipeg.

The sympathy of the Alumnae is given to Miss Gertrude Billiard on the death of her mother, and to Miss B. Snow, whose mother has been seriously ill.

Miss E. MacDonald is convalescing after a recent operation.

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SASKATCHEWAN.

The annual convention of the Saskatchewan Registered Nurses' Association will be held in Moose Jaw on Thursday and Friday, March

31st and April 1st. The meetings will be held in the Library. While all details of the programme have not yet been definitely arranged, among the interesting addresses and papers to be given are a paper by Miss Mary Martin, Director of Nursing in the City Hospital, Winnipeg, on "Modern Methods in the Nursing of Communicable Diseases;" a paper by Miss Long, of the Public Health Department, on "Trachoma;" a paper by Dr. J. C. Beatty, City Bacteriologist, Regina; and an address by Mr. W. F. Kerr, Commissioner of the Saskatchewan Division of the Canadian Red Cross. Papers on "Newer Knowledge of Nutrition," and on the "Nursing of the Diseases of Children," along with discussion of the report of the special committee which has been working upon the revision of the Minimum Standard Curriculum, and a consideration of the necessity for affiliation in the smaller training schools in order to adequately cover the subjects as set forth in the suggested curriculum. Thorough discussion of these subjects will, it is hoped, lead to the better standardization of the training schools of the province.

This programme, along with the very delightful entertainment planned by the local association, will assure a profitable and enjoyable two days for all nurses who can arrange to attend the convention. An effort is being made to secure reduced railroad rates; nurses, when buying tickets, are advised to inquire of the local agent whether any provision has been made for convention rates.

The sympathy of the Saskatchewan Registered Nurses' Association is extended to Mr. and Mrs. W. M. Van Valkenburg in the loss of their little daughter, Isobel, aged three years. Mrs. Van Valkenburg is known to all the nurses of Saskatchewan as one of the pioneer workers in the province and one who has always taken an active part in all measures leading to the advancement of nurses and nursing.

The sympathy of the Association is also extended to the relatives of Miss Mary E. Gordon, who passed away at the home of her sister, Mrs. John Horn, Wellwood Farm, near Regina, on January 28, 1921. Miss Gordon was a graduate of Victoria Hospital, Peterboro, Ontario, 1904, and had nurses for many years in Regina, where she was most highly esteemed by all members of the nursing and medical profession.

The Saskatchewan division of the Canadian Red Cross is appealing to every registered nurse in the province, who is free to sign up for emergency nursing service, to do so without delay. The appeal last year was well responded to, and all the nurses who enrolled then are asked to renew their pledge; the Red Cross will then know the full nursing services available in every part of the province to cope with any form of disaster where the assistance of skilled nurses is required. Pledge cards, with the regulations governing this emergency service, have been sent to every registered nurse resident in the province. These cards have been sent out by the secretary of the Registered Nurses' Association; in a few cases, mail sent to registered nurses has been

returned by the postal authorities, the present addresses being unknown. Any registered nurse not receiving this pledge card is asked to communicate with the secretary, Miss M. F. Gray, 1821 Scarth Street, Regina.

* * * *

ALBERTA

Medicine Hat

At the annual meeting of the G. N. A., it was decided to send a donation of twenty-five dollars to the "Canadian Nurse" and that, during the coming year, every effort would be made to secure new subscriptions. The officers for 1921 are as follows: president, Miss V. Winslow, R.N.; first vice-president, Mrs. C. E. Smyth, R.N.; second vice-president, Miss Clark, R.N.; treasurer, Miss Ford, R.N.; secretary, Mrs. John Tobin, R.N.

* * * *

BRITISH COLUMBIA

Victoria

On February 1st, Miss MacKenzie entertained the Graduate Nurses' Association of Victoria at the Royal Provincial Jubilee Hospital, the occasion being the annual meeting. The following officers were elected: Miss M. Ethel Morrison, A.R.R.C.R.N., president; Mrs. Sylvester, R.N., first vice-president; Miss Gregory Allen, second vice-president; Mrs. Chambers, R.N., secretary; and Miss Helen McIntosh, R.N., treasurer. After the business meeting, an excellent programme of music was enjoyed, followed by dainty refreshments.

The Alumnae of the P. R. J. Hospital held a successful dance at the Alexandra Club on Friday evening, February 4th.

The ceremony of laying the corner stone of a War Memorial Health Centre for Saanich was held recently. The stone was laid by Dr. H. E. Young, Medical Officer for the Province of British Columbia. Rev. Col. Wells and Rev. Col. Andrews also were present at the proceedings; the whole affair was under the auspices of the Women's Auxiliary to the Victorian Order of Nurses for Saanich. Reeve Watson acted as master of ceremonies.

It is interesting to note that this is the first memorial health centre in Canada.

The building comprises a basement, ground floor and second floor. In the basement there is accommodation for kitchens, pantries, nurses' dining room, lecture room, dental clinic and dressing rooms, with bathrooms adjoining. There is also storage space, and a heating chamber. On the ground floor there is a spacious entrance hall and writing room, with wide corridors, maternity ward and children's ward,

VANCOUVER

On Saturday evening, February 19th, the Vancouver Graduate Nurses' Association were at home to nurses in the city. Miss Helen Randal kindly loaned her pretty home at 2847 Spruce Street for the occasion. The rooms looked lovely with their bright fires, yellow daffodils and pussy willows.

Miss C. M. Haskin, president, and the new social committee, Miss B. Robinson, Miss E. V. Cameron, Miss Roos and Miss Lumsden received the guests, and, later in the evening, served dainty refreshments.

Fifteen card tables were arranged for court whist, Miss Lillian Archibald winning first prize and Mrs. Dunning second. Mrs. M. E. Johnson had charge of the card tables.

A very enjoyable time was spent and the new committee voted a success. Many former nurses, married and living in the city, were present and assisted in making the strangers feel at home.

BIRTHS

CARTER—To Mr. and Mrs. Hugh E. Carter (nee Nursing Sister Black), at Ottawa, Ont., December 19th, 1920, a son, Donald Regan.

COLEMAN—To Dr. and Mrs. Coleman (nee Nursing Sister M. McB. Muir), of Vancouver, a daughter.

EMERY—To Mr. and Mrs. William Emery (Bessie Richie, Class 1911, St. Joseph's Hospital, Chatham, Ont.), November 30th, 1920, at Detroit, Michigan, a daughter.

FLANNRY—At Pipestone, Man., to Mr. and Mrs. James J. Flannry, a son. Mrs. Flannry was Miss Helen Potter, graduate of the Kitchener and Waterloo Hospital, and served overseas.

FREY—On December 27th, 1920, to Mr. and Mrs. Floyd Frey, a son. Mrs. Frey was Miss Jessie Walker, a graduate of the Kitchener and Waterloo Hospital (Class 1919).

GILLESPIE—At Private Patients' Pavilion, T.G.H., in December, 1920, to Mr. and Mrs. David B. Gillespie, 1332 Danforth Ave., Toronto, a daughter. Mrs. Gillespie, nee Ethel M. Murdoff, is a graduate of Roosevelt Hospital and served overseas with No. 16 Canadian General Hospital.

KENNEDY—At Montreal Maternity Hospital, on February 4th, to Mr. and Mrs. James Kennedy, a son. Mrs. Kennedy (Miss Charlotte Collins) was a graduate of Ellis Hospital, City of Schenectady.

WAITE—At the Brantford General Hospital, January 12th, 1921, to Mr. and Mrs. Eral Waite, a daughter. Mrs. Waite was Miss Dolly Westbrooke (Brantford General Hospital, Class 1916).

ZIEGLER—On November 17th, 1920, to Mr. and Mrs. Ziegler, a daughter. Mrs. Ziegler was Miss Olive Crossen, graduate (Class 1914) of the Kitchener and Waterloo Hospital.

MARRIAGES

CALLEN-MCMANAMAN—On Monday, November 15th, 1920, in St. Leo's Church, Mimico, Ont., by Rev. Father Kelly, Marguerite McManaman, daughter of Mrs. John McGrath, of Galt, Ont., to Vernon J. Callen, L.L.B., son of Mr. and Mrs. P. E. Callen, of Toronto, Ont. Mrs. Callen is a graduate of St. Joseph's Hospital, Chatham, Ont. (Class 1917).

CARPENTER—KITTNER—At Harrington, Ont., on February 23rd, 1921, Eva Kittner (T.G.H., 1916) to Dr. T. A. Carpenter, of Mildmay, Ont.

CLOUSTON-MCRAE—On January 12th, 1921, at Montreal, Que., Margaret L. McRae (W. H., Montreal, 1914), to Dr. Howard Clouston, of Huntingdon, Que.

MATTHEWS-EDWARDES—On November 16th, 1920, Nursing Sister Emily Edwardes (V.G.H.) to Major J. S. Matthews, late of 192nd Batt., C. E. F., of Vancouver.

MCGREGOR-MCLEOD—At Dalhousie Station, January 11th, 1921, Mary McLeod (M.G.H., 1916), to Alexander McGregor.

MILLER-LAPRISE—On Wednesday, November 24th, 1920, at St. Leo's Church, Detroit, Mich., Rose LaPrise (Class 1915, St. Joseph's Hospital, Chatham, Ont.), to Mrs. James Miller.

QUINN-RUSSELL—Miss Eva Russell (St. Boniface Hospital, 1919) to Mr. J. Quinn, at Winnipeg, Man., in November.

ROBILLIARD-NELSON—At Ottawa, Ont., January, 1921, Helen S. Nelson (M.G.H., 1909), to Dr. John Robilliard.

RUSSEL-MORICE—On January 29th, 1921, at Los Angeles, Cal., Elizabeth Morice to William Dawson Russel. Miss Morice was a graduate of M.G.H., Montreal. At home at 755 North Avenue, Los Angeles, Cal., after February 11th, 1921.

STEAD-HOFSTRAND—Miss E. Hofstrand (St. Boniface Hospital) to Mr. Geo. Stead, at Vancouver, B. C., on December 23rd, 1920.

STEINHOUSE-HEALY—Miss M.Healy (St. Boniface Hospital, '19), to Mr. Ronald Steinhouse, of Ottawa, Ont., at Port Arthur, Ont., on October 18th, 1920. Mr. and Mrs. Steinhouse are residing in Ottawa.

WORTMAN-MCCULLOCH—In London, January 19th, 1921, at the Pentecostal Mission, by the Rev. A. S. McCready, of Kitchener, Margaret Edith McCulloch (graduate Class 1920, Victoria Hospital, London), to Dr. C. M. Wortman, of London.

DEATHS

Bond—Recently, at Bassano, Alberta, Mrs. Arthur Bond (Miss Anna MacDonnell, Western Hospital, Montreal, 1908). The sympathy of the Hospital Alumnæ is extended to the bereaved family.

Burgess—On Monday, January, 1921, at Bale, Muskoka, Ont., Isabella McTavish, beloved wife of Thomas Burgess. Mrs. Burgess was a member of Class 1892, T.G.H.

Cartier—At Northville, Ont., Ella Gerber (Class 1914, St. Joseph's Hospital, Chatham, Ont.), beloved wife of Joseph Cartier.

Forber—On January 12th, at the Montreal General Hospital, Miss Mildred H. Forbes (M.G.H., Class 1908).

Hoctor—At Montreal, on December 7th, 1920, Ethel Hoctor, graduate Ottawa General Hospital, 1914. Miss Hoctor served three years overseas.

Millar—At Ross Memorial Hospital, Lindsay, Ont., in February, 1921, Nellie Millar, lady supt. of Ross Memorial Hospital since 1906 and a graduate of the T.G.H. (Class 1893).

AWAY

I cannot say and I will not say
That he is dead. He is just away!
With a cheery smile and a wave of the hand
He has wandered into an unknown land,
And left us dreaming how very fair
It needs must be, since he lingers there.
And you—oh, you, who wildest yearn
For the old-time step and the glad return,
Think of him faring on as dear
In the love of There as the love of Here;
And loyal still, as he gave the blows
Of his warrior strength to his country's foes.
Mild and gentle, as he was brave,
When the sweetest love of his life he gave
To simple things. Where the violets grew
Pure as the eyes they were likened to,
The touches of his hands have strayed
As reverently as his lips have prayed;
When the little brown thrush that harshly chirred
Was dear to him as the mocking-bird;
And he pitied as much as a man in pain
A writhing honey-bee wet with rain.
Think of him still as the same, I say;
He is not dead—he is just away!

James Whitcomb Riley.

THINGS WORTH REMEMBERING

Hiccough.—Surprise the patient with a pinch of pepper. After inhaling the stimulant he will sneeze violently, but when through the hiccoughs will be gone.

Waste-Paper Bag.—In lieu of a real paper bag, take a double page of ordinary newspaper and fold it over into the shape of a large paper bag that one gets from the grocer. Stick in two pins, and you will have a useful waste-paper bag for the patient's bathroom, into which to throw wet wads of cotton after cleaning thermometers, using a hypodermic, etc. Burn the bag each day and make a new one.

Albumen of one egg, whipped with one ounce of loaf sugar and the juice of one lemon, is a simple remedy to allay ordinary hoarseness. Take one drachm every hour.

The white of an egg added to a plaster of mustard will prevent blistering.

A raw egg taken immediately will carry down a fish-bone in the throat that coughing will not dislodge.

Spice Poultice (Recipe by an Oakland physician).—One teacupful of ground flaxseed, two tablespoonfuls of allspice, two tablespoonfuls of cinnamon, two tablespoonfuls of cloves, two teaspoonfuls of black pepper. Mix all together, dry, and put into a muslin bag. Dip in hot vinegar and apply to abdomen.

THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES WANTED for General Duty. Salary $90.00 per month and full maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania.

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Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

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For further information, apply to

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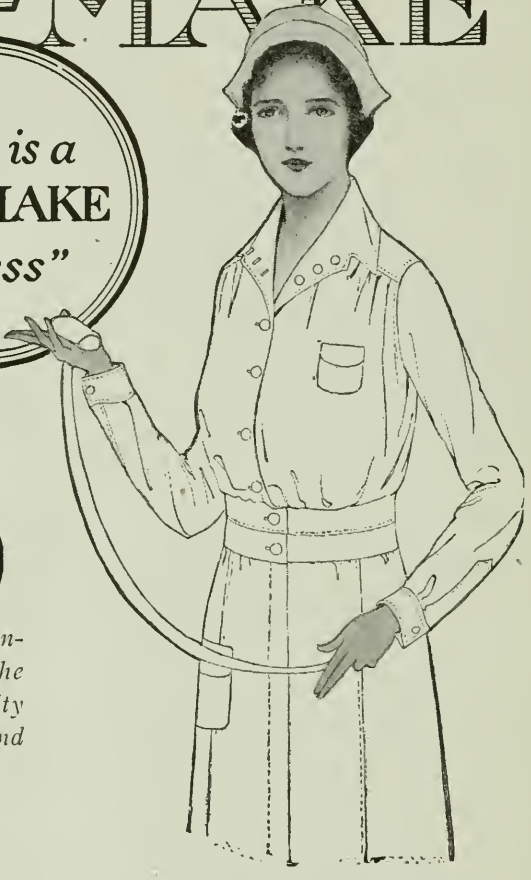

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The former executive was re-installed and various other business matters attended to.

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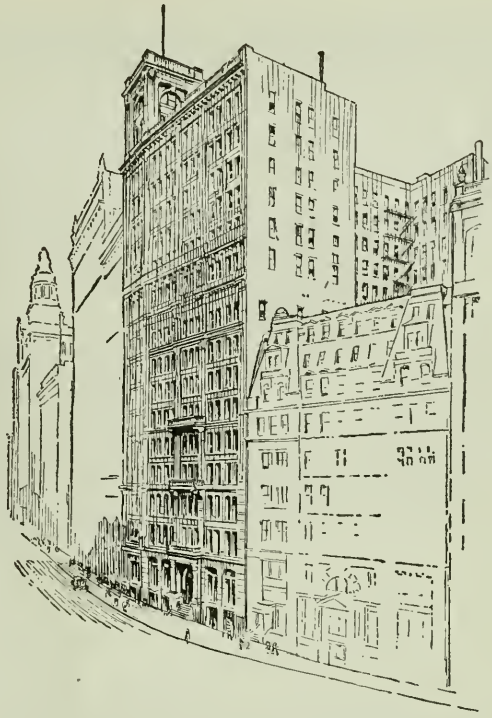

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	Page
Annual Conventions, C.A.N.E. and C.A.T.N.	213
The Place of the Nursing Body in World Progress	215
Annual Meeting, Graduate Nurses' Assn. of British Columbia	220
Nursing Ethics	222
Editorial	225
Letters to the Editor	226
Canadian Nurses' Association	227
News from the Medical World	228
Public Health Nursing Department	230
Department of Nursing Education	235
The World's Pulse	237
C.A.M.C. Nursing Service Department	239
Hospitals and Nurses	247

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THE

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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OFFICERS OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES, 1920-1921

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1921

Annual Conventions

Canadian Association of Nursing Education

MAY 30th to JUNE 1st

Canadian Association of Trained Nurses

JUNE 1st to 5th

Quebec City

Some of the important topics to be taken up will be: "The McGill University Scholarship"; "The Future of the *Canadian Nurse* Maga-

zine"; "A Central Information Bureau"; "Paid Secretary for the C. N. A. T. N."; "Increase of Affiliation Fees"; "Canadian Nurses' Memorial for Nursing Sisters"; "Arrangements for a Private Duty Section," etc.

Convention headquarters will be at the Chateau Frontenac, Hotel Quebec. European plan. Double room, with twin beds, $3.50 per day. Reservations should be put in promptly by those attending convention.

The programme will be of the greatest interest to all nurses engaged in public health work, hospital administrators and private duty nurses.

The entertainment committee are planning a delightful series of pleasures for the delegates, with one special trip of historical interest arranged for.

Every hospital should see that at least one member of the nursing staff can attend, and associations try to send their full quota of delegates.

Tentative Programme of the Public Health Section C.N.A.T.N.

Address by Dr. Helen MacMurchy, Chief Division of Child Welfare, Federal Department of Health, Ottawa. Gereralized Public Health Nursing and Specialized Health Nursing, with discussions on both points of view. Survey of Public Health Courses in our Canadian Universities. The University Public Health Course from a student's viewpoint. Reports of Health activities in various parts of the Dominion, from Provincial Committees. Business of the Section.

The Place of the Nursing Body in World Progress

By Mrs. S. E. Clement

To indicate the place of the nursing body in world progress means defining its relations to other influences which contribute to the swiftly-moving moral issue of the day. All pessimists to the contrary, we believe this is an unprecedented age of progress for the world in matters of human welfare. It would seem a herculean task for one to attempt such a definition, especially one who is non-professional in every sense of the word, and yet, it is possible that the very fact that such a survey of the profession of "nursing" must of necessity be most cursory and superficial, it can perhaps be better done by an "outsider" looking on *results* rather than *efforts,* and being to a large extent unhampered by the prosey every-day obstacles that beset the path of the professional nurse honestly struggling to give the world an upward lift.

In order to paint a fitting background that we may more clearly see the progress the nursing body has made, let us look backward a few years, first to the 12th century, which is about the first nursing body history makes any record of, and we are told that Abbess Hildegarde formed among her friends a school for training to help nurse in the hospitals; very little more is heard of nursing until the advent of Florence Nightingale, with whose story you are as familiar as with your own; never will Britishers cease to feel gratitude for the little English nurse, who had such a big faith in her calling that from childhood she could not rest until she had done her bit to mitigate the miseries of suffering fellow beings. We are told from the age of 15 she was a constant visitor in the hospitals of London, and was so grieved with the woeful evidences of inefficiency that she resolved she would not rest until she could find a better way to *conduct hospitals and nurse the sick.* Accordingly, she visited Europe's best in Germany and France, receiving much valuable instruction, and returned to England two years before the outbreak of the Crimean war equipped with the best she could find, and set to work at once to incorporate her ideas into the nursing body of England. Later, we remember how she gathered her noble band of forty women and went out to comfort and care for the thousands of tortured and wounded and dying soldiers of the Crimean valleys. Every school child to-day can tell the story of how she came to be called the "Lady with the Lamp." The old saying of the poor wounded fellows, "Flit on cheering angel" (a sentence formed from the letters of her own name), was indeed prophetic, for she has been "lighting the lamp" of countless other "cheering angels" all down the 19th and 20th centuries, even to our own day, and who shall say how much of our present day progress we owe to the inspiration of her counsel and books and her unselfish devotion?

The impetus which was given by Florence Nightingale toward more efficient training for nurses was carried over to the new world in 1870. Miss Louise Lee, the founder of the New York Charities Aid Association, organized a training school for female nurses at the Bellevue Hospital. Now, every hospital, except the very small ones, conducts a training school.

My first picture dates back about sixty-eight years. Now, let me bring you nearer home. Thirty-five years ago, which is quite within my own recollection, a "trained nurse" was an unknown quantity in Manitoba. Perhaps a personal incident will not be out of place. I well remember a day when a nurse was sorely needed in our own home, and the doctor said the only one he knew was an old woman who had been a trained nurse in England, and if she could be sobered up she might do; so my father and the doctor fared forth, and in a short time brought her back on a stretcher drunk. By night she had slept off the effects of whiskey, and proved a capable and efficient nurse.

It is a far cry from that day to this. Yes, undoubtedly, what wonders God hath wrought! but, as of old, He used the Human instrumentality to bring things to pass. Let us turn aside for a moment and consider some of the issues of world progress: How long our mothers and the "Women's Christian Temperance Union" labored to bring us prohibition. In the process of time it had to come, because the people were being educated to demand it, yet, to-day we scarcely dare to think of prohibition as an accomplishment. It will yet require all the integrity of statesmanship that our Government, Provincial and Federal, can boast to keep the monster down. Even in the past two or three years we see the tremendous influence for good the suppression of the liquor traffic has had upon world progress, and what may we not hope for with a nation manned by sane men and women with clear brain and clean bodies?

The world is making tremendous strides, too, in clearing away many other obstacles retarding human welfare; as, for instance, the opium trade; irradication of venereal diseases; the substitution of self-supporting colony farms and honest labor, for the old system of solitary confinement of our prisoners in jails and penitentiaries; the classification of delinquents, men, women and children with regard to age, experience in crime, disease and mentality. Especially are we grateful for the progress in this regard for children through our juvenile courts—many a delinquent child so called is but an unfortunate creature of and should never be handled by the ordinary officers of the law, nor know the significance of court-room or jail. Such contamination has sent many a well-meaning child on the downward path of crime. In the study of our child-life we are yet in our infancy—how long shall we continue to be "stumbling blocks to God's little ones?" The segregation of the feeble-minded—a menace which has been permitted to flourish unhindered until modern science opened the eyes of the world to

the fact that there is such a thing as mental hygiene—how long have we looked upon the unfortunate inmates of our insane asylums as outcasts of society, doomed to a living death? To-day modern science and surgery seem to offer them a hope of liberty. At last we have been taught to look upon these institutions as "hospitals for the nursing and treatment of the mentally sick," and we believe there is a very considerable desire on the part of nurses and medical men to "follow the gleam" in this important phase of world progress. Who can estimate its possibilities? While passing through New York on my way home from Atlantic City, a year ago, where I attended the great International Social Welfare Conference, I spent an afternoon visiting the Institution for Feeble-minded on Randall's Island, New York City. There I was amazed to see the ability and confidence with which that highly important and many-sided institution was managed and conducted by the lady superintendent and medical chief, whose names I have forgotten, but who were both very young in years, but old in experience. It gave me a thrill of real pride to hear at that convention a report of our mental services in Manitoba, conducted by Drs. Clark and Hincks, of the "Canadian National Association of Mental Hygiene." As a member of the Public Welfare Commission of Manitoba, I was invited to speak, and in my humble way tried to show them what we were planning to do for Manitoba in the way of improving our hospitals and institutions of public welfare. I am proud to say, in the discussion which followed, they assured us that Manitoba led the world in a "mental survey" of this kind.

Speaking of influences that have made for world progress, we are reminded that *woman,* in working for the emancipation of others, has herself been emancipated, of which her enfranchisement is a tangible evidence, also her admittance, on equal terms with men, into almost every walk in life, educationally, professionally and of the business world.

To complete the circle, which has been a circuitous one, we come back to the "nursing body," and we find that her point of contact with all other phases of world progress is that of social service. It is impossible to separate the professional from the social, whether it be in hospitals or in the homes of the people.

Perhaps the greatest factor in bringing the public mind, as well as nurses themselves, to appreciate the tremendous influence of the nursing body, was the great World War, when at the call, *women,* the world over, counted themselves no dearer than their men as they hurried overseas. How well we remember the efforts of your institutions, the "Canadian National Association of Trained Nurses," "St. John's Ambulance Brigade," the "Victorian Order" and others struggling to keep the nurses fit and up to standard. All could not go, but both those who went and those who manned the hospitals at home covered themselves with honor, because of their courage and sacrifice. One writer said:

"They have nursed, and scrubbed floors, and cooked, and carried loads, and driven cars; they have been wounded and splashed with the horror of fight and disaster; they were there to take it all, and they have taken it all, and now they have come back, some with medals and some without, because the kind of work they did was not the spectacular kind."

"Mid the war's great curse, stands the Red Cross nurse.
She's the rose of "No Man's Land.".

Our hearts throb with pardonable pride when we mention in this connection the Royal Red Cross and other honorable distinctions won by our own dear matron of Brandon General Hospital, Miss S. F. Johnson, and we think of many other Canadian girls who won signal honors, and of some who, like our brave men, gave their all, but whose memories, with Edith Cavelle's, shall be kept green forever.

"Tell them, O guns, that we have heard their call,
That we have sworn and will not turn aside,
That we will onward till we win or fall,
That we will keep the faith, for which they died."
"The Anxious Dead," by LIEUT.-COL. MCCRAE.

Following so close upon the heels of war came that other calamity, the "influenza epidemic," and here, perhaps, was the real test of our nursing body. Those who had come back, many broken in body and spirit, unfit to take up the burden of life again, and those nurses on duty, weary and worn out, doing double duty; health nurses, trained nurses, V. A. D.'s volunteers, and all were inadequate to cope with the terrible scourge. So we started out on a campaign for reinforcements. Your National president, Miss Gunn, solicited the aid of the National Council of Women, and a Dominion-wide campaign was launched to induce High school and college girls to take up nursing, with what measure of success the next few years will tell. Surely there is no higher calling for young womanhood; the sacrifice is great and the road is hard; not so hard as it used to be, but still a hard road, for the pupil nurse, and still too poorly recompensed. Much has been done in the way of shorter hours, and standardization of hospitals, but much is still to be done, and one of the primary needs in Manitoba is efficient supervision and inspection. This we confidently look for in our new "Board of Welfare Supervision" now being appointed. It pleased me greatly to see several important amendments to your constitution one year ago, which I have no doubt were inspired by your former president, Miss Ethel Johns, now of Vancouver, formerly of the Sick Children's Hospital at Winnipeg, and who, with Dr. Mather and others on the "Public Welfare Committee," made an inspection of the Provincial Welfare institutions, with the result that recommendations were reported to the Manitoba Government for many radical and important changes in hospitals and nursing. For instance, better *affiliation* by means of exchanging groups of student nurses to permit of wider circles of ex-

perience by serving for short periods in other larger or special hospitals; another, that some course of instruction should be opened to nurses in the University of Manitoba, which, though granting your diplomas, does not as yet offer any place on its curriculum. Another important recommendation of that report is in connection with the working out of that wonderful scheme of provincial school health nurses; after our nurses have made their examination of a child and recommend certain treatment (it may be an operation), over and over again they are faced with the bald fact that the parents have not the wherewithal to pay the fees of medical services. Is the child to suffer? no—emphatically; and we have suggested to our government that all children up to 14 years of age be treated free in our hospitals.

Some have called this the hospital age, and advocate that all treatment of the sick should be in hospitals, where patient, physician and nurse might have full advantage of every modern scientific equipment.

It is not improbable that in the near future some system of free health, rural or urban, perhaps state health or health insurance, shall be evolved which will solve the present unfair situation, which provides the "very poor" and the "rich" with a physician and nurse, but denies them of self-respecting families living on the moderate income, who cannot pay for service and will not accept charity.

Recently our Federal Government has given us a department of health and a special department of child welfare, under the able supervision of Dr. Helen MacMurchy, who visited us last Friday while making a trans-Canada tour in the interest of her department, and who shall say this is not the banner sign of world progress when our government says, "Our greatest national asset is 'the child,' and the first duty of citizenship for every man and woman is to do their utmost to improve the race and to maintain the highest standards."

Perhaps the most important bill to come before this session of the Manitoba Legislature is the Child Welfare Bill, compiled by the Public Welfare Commission, and which affirms as its first principle "responsibility of government in seeing that the primary needs of all children are provided for from some source, and that the reasonable needs of the handicapped and less fortunate of its citizens shall be adequately supplied."

The place of the nursing body in world progress is surely well up in the van of this forward moving procession, citizens, preachers, teachers, social workers, nurses, business and professional men, statesmen and women who believe in and work for the national health of Canada, physical, moral and spiritual.

"It ain't the individuals, nor the navy as a whole,
But the everlastin' team work of every bloomin' soul."

—Read at the Convention of the M.A.G.N. at Brandon.

Annual Meeting of the Graduate Nurses' Association of British Columbia

The ninth annual meeting was held March 28th, 1921, at the Royal Jubilee Hospital, Victoria, the first vice-president, Mrs. Johnston, in the chair. The invocation was given by Bishop Scholfield, followed by an address of welcome by Mr. J. B. Clerihue, M.P.P., responded to by Miss Stott, of New Westminster. The report given by the registrar, Miss Randal, showed that a total of 1216 nurses had registered since the passing of the act, five members have died during that time, and 145 dropped by reason of non-payment of their annual fee. The auditor's statement showed a cash balance on hand of $5,040.33. The secretary's report was read and adopted, showing the work done in the past year. The report of the "Graduate Nurses' Association of British Columbia Scholarship" committee was then given and adopted.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA SCHOLARSHIP

VALUE—ONE THOUSAND DOLLARS

TIME OF AWARD

It shall be awarded once only during the current year of the association, and shall not be repeated without authorization from the association as a whole.

CONDITIONS OF AWARD

(a) That the beneficiary be willing to serve at least one year in the Province of British Columbia, after course is completed, if a suitable opportunity occurs. Should circumstances be such that she preferred not to fulfil this condition, the scholarship moneys should be returned by her to the association.

ELIGIBILITY

Any member in good standing of the Graduate Nurses' Association of British Columbia shall be permitted to make application for this scholarship, provided she has been engaged in the practice of her profession in this province for at least one year prior to her application for the same, or has been a pupil in a recognized training school in this province.

SCHOLARSHIP COMMITTEE

The Council of the Graduate Nurses' Association shall constitute a scholarship committee, who shall enquire into the credentials of all applicants for this scholarship, and shall recommend to the Association as a whole the applicant, or applicants, as they consider most suitable. The final decision shall be made by the vote of the Association as a

whole. The Council may consult such educational authorities in this connection as they think fit.

ANNOUNCEMENTS

The widest possible publicity shall be given to the fact that this scholarship is to be awarded both in the Canadian Nurse Magazine and in the public press of this province. The hospitals of the province shall also be circularized and the various groups engaged in public health, also all associations of nurses shall be notified at least three months before a selection of the candidate is to be made. The conditions under which the award is to be made shall be plainly set forth and instructions given as to the method of application.

Courses and universities available to be stated on announcement.

Suggestions to the Council of the Graduate Nurses' Association of British Columbia as to the best means of choosing candidate for scholarship.

BASIS OF SELECTION

Provided the candidates fulfil the conditions mentioned in the foregoing statement, they shall be selected with regard to their fitness in the following respects:

(a) General character, mentality and temperament.

(b) Previous professional preparation in its relation to the course selected:

(c) Preliminary general education.

(d) Professional record while in training and subsequent to graduation.

METHOD OF SELECTION

Announcement having been made as previously outlined, the Council shall hold such meetings as may be necessary, when applications shall be received and considered. Having due regard to the basis of selection outlined above, such person or persons as may appear eligible shall be recommended by the Council and voted upon by the Association. If necessary, candidates may be required to prepare a thesis on some professional subject.

DISQUALIFICATION

Canvassing on the part of applicants shall disqualify them.

No nurse having been a beneficiary in any post-graduate work shall be eligible for this scholarship.

The report of annual survey of training schools was then given by Miss Randal. Fourteen training schools had been visited, and results are already noted, following the visit of last year. The great need of teachers in these smaller schools was pointed out, and the suggestion was made that the G. N. A. of B. C. work out some plan of supplying this need. It was then decided by the meeting that a committee be

formed, with Miss Randal as convener, to consider the possibility and advisability of securing a nurse to act as travelling teacher.

The report of the committee on registration examination details was submitted by Miss Haskins, convener.

The enrolment of nurses under the Red Cross for emergency service was again brought forward, and the signing of the pledges by all members was urged strongly. The advisability of changing the by-laws was discussed, and it was decided that the incoming president should appoint a committee to revise certain clauses. Miss Breeze, Miss Jessie MacKenzie and Miss Randal were appointed delegates to the coming National Convention in Quebec.

The evening session was devoted to speakers and musical programme, the Hon. Dr. MacLean being the first speaker, on "The Health Programme of the Government of British Columbia." Dr. Miller then spoke briefly, laying special stress on child welfare. A most excellent musical programme was then given, and the meeting closed with refreshments and a social gathering in the reception room of the nurses' residence.

The following officers were elected for the next two years: President, Miss Elizabeth Breeze; first vice-president, Miss Jessie MacKenzie; second vice-president, Miss Marion Currie; registrar, Miss Helen Randal; secretary, Mrs. M. E. Johnston; councillors, Misses J. Tolmie, McAllister, Stott, Turnbull, Johns, Boultbee and Macmillan.

Nursing Ethics

By Florence J. Potts

Read at the C. A. N. E. Convention, July, 1920

In dealing with this subject in a short paper, it will be best, *first* of all, to define the term "Ethics," and *then* to trace its *relation* and *importance* to the profession of nursing.

Ethics has been well defined as the science of ideal humanity; in other words, it seeks to determine the principles by which conduct is regulated from the highest view of life. And if human conduct is based on high principles, it is bound to be conducive to a fine type of character. From this point of view, ethics concerns all classes of people, and especially those who are preparing to enter the nursing profession, for there is perhaps no class of women to-day of whom more is expected than the trained nurse. "Educated" she must be—not only in those things pertaining to the care of the sick, but "educated" also in regard to right thinking and right conduct.

Important as the various subjects of the curriculum are in the training schools, equally important must be the ethical teaching as well.

To neglect this is to send graduates out not fully equipped to cope with their professional responsibilities.

The young woman, therefore, who decides to take up nursing, should dismiss from her mind that it is merely a pleasant and lucrative form of occupation. If she would succeed, high ideals are absolutely essential. She must try to realize that the profession originated for the good of humanity; and if it is to hold the high place in the world it has won, *then* this ideal must not be lost sight of.

The most favorable time to instill the ideals of our profession is during the probationary year, and this for two reasons: (a) When probationers enter upon their duties first, they are young and most impressionable. Everything is new and vastly different. Life in an institution is not the same as life in a home—*there* everything speaks of health and joy and freedom to a large extent; *here* the whole aim is to restore health and joy and true freedom, which come from discipline. This period of change, therefore, which a young probationer must feel on entering such institutions as ours, is the time for showing and teaching the necessity for high ideals in service of humanity. (b) A second reason is this: It must not be thought that ethical teaching can be deferred until the last year of training; it takes time to acquire, and cannot be deferred without serious loss to the profession itself and to the success of the individual.

I will suggest four ways by which the ethics of a training school may be helped:

(a) In attending the services of the church to which the pupils belong as regularly as possible. The influence of the church is unexcelled for emphasizing and developing the ethical springs of conduct. The culture of the heart is as necessary as the culture of the mind, and the church is the source of this moral teaching.

(b) In cheerfully carrying out the discipline of the school. To many minds, discipline is associated with life in the army and navy; and there are many who cannot see the use of discipline, and so find it irksome. Yet discipline is essential, both for the institution and for the individual. Without it in the institution everything would be chaos. Carelessness, inefficiency and failure would soon characterize the work. As regards the individual, it tends to give a spirit of calmness in time of emergency. It produces a certain determination of character, and it inspires feelings of confidence and self-respect—and all of these qualities are essential to a successful nurse.

(c) Much assistance along this line can be gained from the influence and example of the senior pupils. To them, naturally, the "juniors" look up—and rightly so. If in them they see the principles and regulations carefully and faithfully carried out, it will do much towards showing the importance and value of the whole system and give a moral tone to the whole school. The institution will thus be put

first and the individual second, and a good "esprit de corps" will be present throughout all the classes.

(d) I would like to mention the helpfulness from journals or magazines on nursing. Senior pupils should be encouraged to take nursing journals, read them, and now and then offer a contribution. Even if it is rejected, it will have done her good to write it, and, in the end, may prove successful, and she will have the satisfaction of having done something worth while. Good reading, long walks, the cultivation of happy friendships, all lead to true culture, which always makes the man or woman a more desirable and useful member of society.

There are many fields open to the graduate nurse of to-day; and if she chooses the broad fields of private duty, her ethical teaching will be her guide in many ways in dealing with her patient, his family and friends. By her manner, her work, or unladylike remarks with a sensitive patient, she may undo all that her skill has brought to the home. Those delicate personal traits which belong to the profession are things about which one cannot be told as to the best methods of acquiring, but it is very essential for a young nurse to keep them in mind, and then, when called upon to give one of the many little attentions to her patient, she will gradually begin to see that these things are done in the best possible way, rather than in a haphazard fashion. In dealing with her patients, the broader and more liberal her education, the less likely she will be to make mistakes.

Nursing is one of the broadest professions. There is almost no phase of human nature with which a nurse may not be called in contact. Her sympathies and understanding of life must be equal to many occasions if she would fulfil all the requirements and possibilities which are before her.

We all agree that good nursing, skill and sympathy go hand in hand. Why is it said that nurses are more apt to fail in the ethical than in the technical side of their work? Do we demand order, cleanliness and skill to the discomfort of the patient, or are we getting away from our ideals and placing more value on the development of technical skill than on the development of the heart? If a nurse would have the truest and highest success in her work she would have, either inborn or by cultivation, a reverence for her work and everything connected with it. Civilization, science, progress naturally change its direction, but never weakens its force.

We read that the two most distinguishing traits in the character of Florence Nightingale were her thirst for knowledge and her love of thoroughness. She was willing to take any pains to secure the first and she insisted on the second, and because of this her work abides to-day. If our nurses are urged to read and study the story of her life, it cannot but uphold the great traditions of our profession.

Editorial

Convention matters are being much discussed these days in the various affiliated associations, and it is to be hoped that, from one end of Canada to the other, a full representation will be present. Hospitals were circularized last year, asking that the executive officer, whenever possible, should be sent to these national conventions at the expense of the hospital as one means of increasing the efficiency of these institutions. Just what the response was the Editor does not know, but very much smaller than it should have been. Perhaps this year more may be sent, as is only right and wise.

To all of us a visit to Quebec, with its historical interest, will be one to be remembered specially. It is the nearest approach to a visit to foreign countries that we can get this side of the ocean, and the reading of the "Chien D'or," by Kirby, and several of Gilbert Parker's books will put us all into closer touch with the history and traditions of the ancient city. A special trip of historical interest is one of the pleasures that the Quebec nurses have planned for us, and should be most delightful.

* * * *

The appeal all over Canada from Lady Martin Hervey for money for nurses in England has brought forth protests from nurses everywhere, in Canada as well as in England. It is to be regretted that the feeling of the nurses should not have been taken into consideration before a wholesale appeal for money for them was made. It is anything but a commendable effort to help; and one which every nurse should resent most emphatically. If nurses in England are in the financial state that Lady Martin Hervey would lead us to believe, then why not see that they are paid enough by government and other employers to enable them to stand on their own feet and not be the subject of such appeals, which are degrading to the State-recognized profession of England?

Why nurses should be subjected to such humiliating experiences is hard to understand. Perhaps if the College of Nurses, Ltd., whose receipts, we understand, are being given out to those answering the appeal, was composed, as it should be, of the nursing profession only, such things would not be. Those who are really interested in nurses and the future of the profession know that we are as capable as any other profession of handling our own affairs and staging our own appeals if we wish to have them made. Whatever Lady Martin Harvey's ideas or wishes were in this matter, we think that she has been most unwise in continuing an appeal that is so distasteful to many nurses, both in England and Canada.

Letters to The Editor

DEAR MADAM:

There is published under "Letters to the Editor," in last issue of the Canadian Nurse, something over the words, "Private Nurse," which, as I read, made me grow hot with shame that anything pertaining to the subject of private nursing, so remote from the work, so misleading, so petty and so utterly crude, should have found its way in among the regular thought-toned articles of our National Nursing Journal.

The thing is of local coloring and, though an anonymous signature to any such must in itself set the stamp of the writer's calibre, yet does it not, most unfortunately, reveal the actual identity of the writer, and it is in this fact that I have a personal and positive grievance. I, too, am a private nurse, and it is my proud boast that I, particularly, am a private nurse. Now, Madam Editor, you will see my point when I beg of you in self-interest, and in the interest of others equally indignant, to reveal the name of the writer.

It may not be for me to clear the Hospital Board of the local Training School of the implied stigma cast upon it, for it has long been generally known that hospital boards of recognized training schools retain in full the power of dismissal of pupil nurses after, at longest, the finish of the first year of training. This I trust to one whose position more directly carries the responsibility of the standing of the institution, but I must remark that the paragraph to which I allude cannot be said to possess recruiting possibilities.

I have read with interest each article as presented in the Journal upon the perplexing subject of private nursing, and, indeed, was myself about to offer some ideas as gleaned from years spent in the work. The offer of these, however, can wait; meanwhile, Madam Editor, in the name of conscience, let us have the name of the writer of that which was published in the March number of The Canadian Nurse, Canada wide, under "Letters to the Editor," and signed "Private Nurse."

Yours respectfully,

ANNIE A. KENNEDY.

779 Bute Street, Vancouver, B.C.

EDITOR'S NOTE: Re letter to editor. In regard to the letter of last month, to which Miss Kennedy's letter this month refers, it is only fair to "A Private Nurse" to keep her incognito, as she complied with the rules of the magazine and sent in her name as an evidence of good faith. Numerous letters which are not signed come to this office and are not considered at all. If this requirement is met, then the department is for the free expression of opinion of the nurses—which would be hampered if names were given out to the public as suggested. As

Miss Kennedy's letter gives the impression that the letter was written by a nurse resident in British Columbia, it is only fair to state that, so far as the editor knows, the correspondent of last month has never been in British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

The monthly meeting of the C.N.A. was held in the club room on Tuesday evening, March 1.

After the transaction of usual business, Miss Shaw gave an interesting address to the nurses on her work in the School for Graduate Nurses at McGill College, with an outline of the development of public health nursing.

Miss Hersey and Miss Hall have gone for a month's holiday to Bermuda.

We are glad to know that Miss Ella Lewis, who has been a patient in the Western Hospital, is better, and has left the hospital.

Miss Ingraham and Miss Dickie have taken positions in the S.C.R. Military Hospital at Ste. Anne de Bellevue.

Miss Lucy White has returned from Saranac Lake, where she enjoyed a week's holiday.

Mrs. Haugh, who has been doing special nursing in Montreal this winter, has gone to join her husband in Hamilton, Ont.

We regret to announce the death of Miss Mary Grace Houghton, a former member of the Association, which occurred at the General Hospital on the 19th March.

The Graduate Nurses' Association of the Province of Quebec held its second meeting in Sherbrooke on March 15th. Those present included Miss Delaney, president, Miss Young and Miss McCannon, of the General Hospital; Miss Colley, representing the Canadian Nurses' Association; Miss Chagnon, representing the French nurses, and Miss L. G. Phillips, secretary-treasurer of the Association of Registered Nurses. Addresses were given by Dr. W. W. Lynch and Dr. Ledoux.

News from The Medical World

By Elizabeth Robinson Scovil

The Increase of Cancer

It is stated that in the last six months of 1920 there were 2691 deaths from cancer recorded in New York City, exceeding by 22 the deaths from tuberculosis. In one week there were 125 deaths from cancer, almost 18 a day. The attention of medical men is called to the great importance of the study of the disease. It increased more than six and a-half per cent. over the previous year.

Sterilization of Instruments

A writer in a medical journal says that neither carbonate of soda, nor bicarbonate of soda, added to the water, will prevent rusting of instruments boiled in it. This is due to the carbon dioxide in the water. To prevent it 2.5 gm. of sodium hydroxide should be added to 1000 gm. of water. It should be allowed to dissolve for two minutes, to combine with the carbonic acid of the water before the instruments are immersed in it.

Helping Children of the Tubercular

A society exists in France for the purpose of removing children of tubercular parents to homes in the country, where they may grow up in a healthy environment. It has been found there that children adopted into country homes usually grow up to be farmers, or marry farmers. It is urged that this measure should be adopted as a link in the chain of world measures against tuberculosis.

Difficult Catheterization

A physician describes his method of catheterizing in difficult cases. He introduces a No. 18 soft catheter as far as it will go and then inserts through it a stiff metal catheter, No. 8 or 10 curved, as far as it will go. Then he twists this soft catheter on the metal catheter until it reaches the bladder. The metal catheter does not force the obstacle but serves to transmit to the soft catheter the force from the fingers. He has never known harm to result from this procedure.

Epilepsy a Symptom

The British Medical Journal has a paper in which the author states he is convinced that epilepsy should be considered as a symptom, not as a disease. He believes the convulsions due to varying causes and associated conditions. By study the cause may be revealed and then appropriate treatment, either surgical or medical, may be undertaken.

Poisoning by Borax

A case is reported of death from taking about an ounce of borax. The victim thought it was a saline cathartic. The acute symptoms were pain in the epigastrium, strangling or choking, the extremities cold and clammy and cyanosis present. Death took place in about three hours after the borax had been swallowed. Bottles containing this substance should have a poison label.

Movements of Infants

An authority in pediatrics says that breast-fed babies usually have from two to four stools a day. Bottle-fed babies have one or two; a great many would skip a day if it were not for a laxative. If there is one stool a day, it is usually formed; if there are three or more, they probably will be soft, or even watery. Frequent stools are the result of increased peristalsis to expel some irritating fecal matter or as the result of inflammation of the mucous membrane.

Baby Welfare

The Journal of the Missouri State Medical Association has a very practical and informative article in the establishment of a Baby Health Center. The average young mother has had an opportunity at school to prepare herself for every profession except the one she is most likely to follow. Hence out of every ten babies born in the United States one dies before it is a year old. At a health center the young mother can learn to care for her baby and have it examined frequently that its progress may be noted. A representative committee can be formed from the medical and dental professions, the local nursing organization, Red Cross, women's club, boy scouts, etc. Two rooms should be procured, one as a waiting-room, the other furnished with a good balance scales, a plain table and a few chairs, where the babies can be examined and weighed. At first they should be opened three times a week. The work will soon grow.

Treatment of Burns

A French medical journal describes a method of treating extensive burns by excision of the granulating surface, loosening the skin and drawing it up to suture it together over the raw surface. It is said to produce excellent results.

Detecting Strabismus

When the squint is slight it is sometimes difficult of detection. One procedure is to ask the child to look in the face of the examiner, a card is then held in front of one of the eyes of the child and then quickly removed. If the eye that has been covered moves in order to focus on the examiner's face it is a sign of strabismus. The normal eyes focus alike whether one is covered or not.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

MOTHER LEAGUE CLUB

Characters

Miss Sunshine, Miss Fresh Air, Miss Cleanliness, Miss Health — Members of the "Little Mothers' League

Mrs. Jones — An ignorant mother

Baby Jones — Her sick baby

(Represented in first scene by small, sickly, dirty-looking doll. In second scene by beautiful, rosy baby doll.)

Mrs. Brown, Mrs. Smith — Friends of Mrs. Jones

Scene I.—A clean, bright, attractive room. Miss Sunshine, Miss Health, Miss Fresh Air, Miss Cleanliness seated talking together.

Scene II.—The same as Scene I.

In Scene I., baby is bathed and dressed. Usual "Little Mother's" equipment used.

Miss Sunshine—Girls, I have been reading over my essay on "The Care of a Baby." I wonder if we will ever have to practice what we learned!

Miss Health—I hope so. It is too bad that so many babies die every year from lack of care or from improper care.

Miss Fresh Air—I am going to keep my eyes open for a baby to help, or a mother to help. (A knock at door. Miss Cleanliness goes to door.)

Miss Cleanliness—Come in. (Enter Mrs. Jones with poor, dirty baby, Mrs. Brown and Mrs. Smith.)

Miss Fresh Air—Is there anything we can do for you, madam?

Mrs. Jones—If you please, miss, my baby has been weak and sickly ever since it was born.

Miss Health—How sad! We have had many such cases.

Mrs. Brown—We don't believe in your "new fangled" ideas for bringing up babies.

Mrs. Smith—No, indeed, we have brought up our big families without any of this nonsense.

Miss Sunshine—Where are your families now? Are they still healthy?

Mrs. Brown (weeping)—No; I lost three of my five.

Mrs. Smith—Two of mine are so nervous, one suffers from indigestion.

Miss Cleanliness—Ladies, this is the 20th century. The new fangled ideas, as you call them, are nothing but scientific methods put into practice. Please sit down.

Miss Health removes a lolly-pop, comfort and painted rattle from baby's fists; holds them up.

Miss Sunshine—My dear Mrs. Brown, who ever told you to give the poor child those germy things?

Mrs. Jones—Mrs. Smith told me to give her the comfort to keep her from crying, and for teething.

Mrs. Brown—And I gave her the pretty rattle—she loves to look at it.

Miss Fresh Air—But, don't you know the paint will come off and might poison her?

Mrs. Smith—I brought the dear thing the lolly-pop; she loves candy so.

Miss Health—A baby should never taste candy. I am shocked.

Mrs. Smith and Brown (aside)—They think they know everything.

Miss Health (turning to Mrs. Jones)—Did it ever occur to you how many, many thousands of bacteria that rubber comfort carries? It is a filthy thing. Besides the constant sucking is very bad for your baby.

Mrs. Jones—No, I know very little about bringing up babies. So Mrs. Smith and Mrs. Brown were kindly advising me.

Miss Cleanliness—Kind, indeed!!! (Here the baby cries loudly. Miss Health makes a move to go to her. The mother rushes to her, but Miss Cleanliness lays a firm hand on her arm and leads her back to her chair.)

Mrs. Smith—There, I knew you were a heartless lot.

Miss Fresh Air—Is that the way you spoiled your babies? Didn't you know a baby cries for exercise, and should not be picked up every time she cries? Unless she is hungry or uncomfortable she should be left alone.

Mrs. Brown—Exercise, indeed. I raised children before you ever saw one, and I never let my babies cry. (Mrs. Brown whispers with Mrs. Smith; they both sneer and leave.)

Miss Health—We know now that it does babies good to cry sometimes. It not only develops lungs, but it exercises every part of the body when it cries.

Miss Sunshine—This baby is not comfortable, I am sure, and that is the cause of her crying. (Miss Health takes up the baby; undresses her.)

Miss Fresh Air—The poor, thin baby; what a shame, and so dirty!

Mrs. Jones—I don't bath her often in the winter; she might catch cold.

Miss Health—Just the thing to keep her from catching cold. Sunshine, please get me the bath tub and we will begin right. (Sunshine gets tub and water—tests it. Health gives bath. Miss Cleanliness gets basket with articles for caring for baby's eyes, nose and mouth; arranges clean clothing for the night.)

Miss Fresh Air—Will I get a bed made up for the baby?

Mrs. Jones—I want my baby to get better, and if you can help her I will be very grateful. (Fresh Air and Cleanliness make bed.)

Miss Health—Sunshine, will you please make up a bottle of modified milk for the baby? (Exit Sunshine.)

(Baby is bathed and dressed.)

Miss Fresh Air—How much better baby looks already. The clean clothes will make her feel better, I am sure. (Enter Sunshine with bottle. Baby put to bed—fed—netting over.)

Mrs. Jones—Why did you put her nightclothes on?

Miss Health—This is the proper bedtime for a baby. It is six o'clock; what time have you been putting her to bed?

Mrs. Jones—Oh, nine or there abouts.

Miss Health—No wonder the child is sick! And tell me what have you been feeding her?

Mrs. Jones—Whatever we had.

Miss Sunshine—What *did* you have?

Mrs. Jones—Beefsteak, onions, potatoes, bread, pudding, cake, pie, etc. (Miss Cleanliness faints.)

Girls (together)—*How terrible!*

Miss Health—Until a baby is a year old she should have milk and milk only!

Mrs. Jones—I didn't know and she *likes* what I give her.

Miss Fresh Air—Did you take her out much in crowds?

Mrs. Jones—Only to friends and to the movies.

Miss Sunshine—It will be no wonder if the child dies.

Mrs. Jones—Oh, not that. Please take care of her properly for a while, won't you, to see if you can bring back her health?

ONE MONTH LATER

Miss Health—I think Mrs. Jones should be pleased with the change in baby.

Miss Sunshine—Isn't she a good-natured baby?

Miss Fresh Air—And do you remember what a time we had with her? She always wanted to be rocked to sleep and dandled all the time. (Knock. Enter Mrs. Jones.)

Mrs. Jones—How is my baby?

Miss Cleanliness—Here she is, Mrs. Jones. What do you think of her?

Mrs. Jones—How ever did you do it?

Miss Cleanliness—Simply by applying some of the new-fangled ideas described by your friends.

Mrs. Jones—I'll never again listen to Mrs. Brown and Mrs. Smith.

Miss Health—You are wise, I am sure.

Mrs. Jones—Now, may I take her home?

Miss Health—Have you been studying the books we gave you on "The Care of Feeding of Children?"

Mrs. Jones—Yes, I have.

Miss Fresh Air—Very well, be sure and follow directions strictly and you will be all right.

Mrs. Jones—Many, many thanks to the "Little Mother League" for teaching you so you could be such a help to me and my baby.

SONG BY ALL THE MEMBERS OF THE "LITTLE MOTHERS' LEAGUE"

Gone are the days of rocking babe to sleep,
Gone are the days when she bad hours did sleep,
Gone are the days of comforts and bad food,
But now the days are here, we hope, when babes are good.

CHORUS

Save the babies, save the babies
Is the chorus that we sing;
The Mother's League we all have joined
To help this boon to bring.

Baby, all clean and warm, is put so cosy
Out in Fresh Air, it makes her cheeks all rosy;

She will be well if we all do our part,
For keeping baby healthy is our fine art.

(To the tune of "Old Black Joe")

NOTE—This little play was written by a twelve-year-old girl, a member of one of the "Little Mother's Leagues" of the Vancouver City schools. It is quite original and entirely her own idea. No help was given her, either at home or at school.

FULFILMENT

A maiden prayed: "God make me beautiful,
Endow me with such fairness that the world
Shall see and own me fair. O grant me power
Great as Egypt's Queen, that men, all men,
Shall call me beautiful beyond compare."

The woman prayed: "God give me power of song;
A voice to thrill the hearts of men,
And make them subjects—slaves of each caprice,
For fires that rage within I'd find a vent
In song. Oh grant me, God, the power of song."

And God seemed not to hear, but gave her Life
To live. To maid and woman sorrows fell
That filled each day and night with pain, until
Of all was left her but a woman's soul,
That yet had learned its lesson well; then came
A beauty in her face unknown, undreamed;

So great her power she feared its wrong appliance
And prayed each day for light and strength,
And music stole into her voice, deep notes
That thrilled men's lives and stirred weak souls to act;
And her power was great beyond compare.
Thus God inscrutable doth answer prayer.

—*Selected.*

Where nurses must have the care of dusting hardwood floors in the sick-room, the labor is greatly obviated by covering the broom with a flannelette skirt, frilled by a margin of about three inches below the broom. It should be cut to fit the handle of the broom and draw on over it snugly. When use of the broom is needed the skirt is easily turned up out of the way. This is an improvement over the ordinary bag with a draw-string.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

AN OUTLINE OF THE CURRICULUM OF THE MONTREAL GENERAL HOSPITAL TRAINING SCHOOL

By Miss Edith C. Rayside, B.A.,
Instructress M.G.H.

The training that was considered sufficient for a nurse in days gone by is no longer adequate to fit her to meet the demands made upon her to-day, not only by the medical profession, but by the public at large. It is now conceded everywhere that the nurse is no longer merely a bedside attendant who is expected to perform a few practical duties; nor, indeed, is she called upon to merely serve the needs of a single institution—she must be prepared to serve the whole community; and not only that, but she must be prepared to meet conditions as she finds them in different kinds of communities. Our viewpoint, therefore, in regard to her training, has been widened to include these varied and increased demands, and so the curriculum of any training school must be framed and changed from time to time to suit new conditions. No two hospitals exist under the same conditions, and each one must work out its problems in regard to its training school; yet there should be a certain uniformity maintained by all, so that a workable standard of training may exist throughout the country.

"A curriculum does not operate of itself; it is dependent on persons and conditions to give it life." Let the teachers be ever so good, they cannot be expected to do justice to any curriculum, no matter how favorable all the other conditions may be, if the pupils in the training school are laboring under the handicap of long hours. Not until an eight-hour day of practical work is the maximum required can any satisfactory scheme of training be carried on.

In the Montreal General Hospital the probationary period extends over four months. Twelve weeks are spent in the classroom, with the exception of an hour each morning, when the probationers are assigned to various wards, where they assist in making beds, and one hour in the afternoon they again go on the wards to fold and put away linen.

The following subjects are taken up at this time: Anatomy and physiology, bacteriology, chemistry, hygiene and sanitation, nursing theory and practical demonstration, bandaging, drugs and solutions, dietetics, ethics of nursing, history of nursing, household economy.

Lectures on ethics of nursing are given by the superintendent of the training school. Bacteriology and chemistry are taught by two of the doctors in the laboratory, where the students carry out experiments. Dietetics is taught by the dietitian in the diet kitchen, equipped for teaching. The other subjects are taught by two instructors, one taking up the practical work and the other the theoretical. Good, practical work must always be built on a sound theoretical foundation, and the aim at all times is to correlate the subjects.

During this classroom period the pupils' time is divided as follows: Practical work, two hours; lectures and class, five and a-half hours; study, two hours; recreation, two and a-half hours.

In the junior year, eight months, studies in anatomy and physiology and nursing theory and practical demonstration are continued, and, in addition, massage, materia medica and elements of pathology.

In the intermediate or second year, twelve months, studies in nursing theory and practical demonstration are continued, the more complex treatments are taught at this time, more advanced lectures in bacteriology are given, work in social service, outdoor department, infectious diseases. Special lectures are given by doctors on surgical and medical diseases, gynaecology, diseases of eye, ear, nose and throat, anaesthesia, mental and nervous diseases, dental work, orthopedics and pediatrics.

The senior or third year, twelve months, is taken up with nursing in the treatments of special diseases, dietetics and cookery, metabolism, operating-room, obstetrics, administration and executive experience. Lectures on the general survey of the nursing field are given from time to time by special lecturers in the different fields of nursing work, so as to give the pupil nurse an opportunity of choosing the special field in which she feels she may be of the greatest service.

This paper was written with the hope that an outline of the curriculum of other training schools may appear in this department from time to time for the mutual benefit of all concerned.

All thoughts, all creeds, all dreams are true,
  All visions wild and strange;
Man is the measure of all truth
  Unto himself. All truth is change:

All men do walk in sleep, and all
  Have faith in that they dream:
For all things are as they seem to all,
  And all things flow like a stream.

Οἱ ῥέοντες.

The World's Pulse

By Elizabeth Robinson Scovil

Protest Against Home Lessons

A petition, protesting against children being obliged to learn school lessons at home, has been signed by 1,005 parents and guardians, representing 1,605 children, and presented to the education committee of Bradford, England. Teachers are paid to teach children, and the work should not be shifted to the parents at home.

Aerial Mail

Letters have been sent by airplane from St. Johns, Nfld., to St. Anthony's, in Northern Newfoundland, where one of the Greenfield hospitals is situated. The airplane is later to be used as a patrol for the sealing fleet. Mail was carried from San Francisco to Hazelhurst, N. Y., in thirty-three hours and twenty minutes. The mail was transferred from plane to plane in a relay flight ordered by the Post Office Department to establish a new cross-continental mail plane record.

An Historic Bible

The Bible used by President Harding, when he took the oath of office as President of the United States, is the same one used at Washington's inauguration. On that occasion the Bible was borrowed from St. John's Masonic Lodge. It has remained in the possession of the lodge since that time. It was found that there was no Bible in the Federal building, and this one was hastily procured for Washington's use.

A Remarkable Record

The Montreal Maternity Hospital reports that, of the 1,125 patients cared for during the year, only nine died. There was no death among the 374 mothers attended at their homes. Dr. W. W. Chipman, the medical superintendent, congratulated the doctors, nurses and social workers on their success.

Wireless in the War

In an address to the McGill Alumnae on wireless, particularly in naval warfare, Dr. Eve stated that one of the best systems of direction-finders in operation is on the east coast of Canada, at Cape Race, Chebucto and Canso. By means of the direction-finders the position of a ship sending out wireless messages can be ascertained with extraordinary accuracy. Messages can be sent to them, which will enable them to find their way safely through fog to their port.

Leprosy and Tuberculosis

Experiments are being conducted in Hawaii to determine the value of chaulmoogra oil in the treatment of tuberculosis. There are many points of similarity between the germs of the two diseases, and the remedy that has been effectual in combating leprosy may be of value in tuberculosis.

Daylight-Saving in England

Daylight-saving begins in England on April 2nd, at midnight, and ends at the same time on October 3rd.

Do Not Desire War

Ex-President Taft, in an address in Montreal, said: "If there is a subject upon which there is heartfelt, unanimous and enthusiastic agreement between the young men of Great Britain, Canada and the United States, it is that they have had enough of war." He believes that the close union of the English-speaking nations is one of the real grounds for hope of the world's peace.

Chinese Girl Students

There are 200 Chinese girl students in Paris, who have been sent to study there by the Peking Government. There are four girl students in London, the daughters of wealthy Chinese, studying at different schools. One is at the Royal Academy of Music; she intends to return to China when her education is completed. Another is studying drawing. They live in private houses.

Extending Life

J. S. Huxley, of Oxford, has stated that a considerable measure of control over the life-cycle of a great many animals, and also man, will be obtained. Experiments have shown that it is possible to modify the rate of growth and the length of the period of growth, and thus prolong life. A worm has been kept at the same age (that is, in the same lively activity), while the rest of the brood passed through nineteen generations. This period, if translated into human terms, would take us back to Chaucer.

Climbing Mount Everett

An attempt is to be made to climb Mount Everett, in the Himalayas, 29,140 feet high, the highest mountain in the world. The expedition is to be led by Colonel Bury. Next year, when the actual trial is to be made, it is hoped that Brigadier-General the Hon. G. C. Bruce, who originated the idea and has an unrivalled knowledge of the Himalayas and their people, will be in charge.

What is life, that we should moan? why make we such ado?

—*The May Queen.*

C. A. M. C. Nursing Service

The following extract from the report of the committee on the Canadian Nursing Mission to Roumania should prove of interest:

The mission left Montreal on November 7th last. On arrival in Paris, owing to a change in passport regulations, the party was obliged to divide, four of the nurses going out at once to Bucharest, the remaining four following later. The members of the mission were reunited on December 1st. Their luggage and twenty-two cases of supplies reached the destination safely, as did several additional cases forwarded by freight.

Miss Cotton and her staff were cordially welcomed by Her Majesty the Queen, and taken in charge by Dr. Mamulea, the King's physician. They were lodged in the Regina Elizabeta Home, which is described as a large, comfortable residence on the Chaussee Kiselieff. It was the intention of the Queen to install the Nursing Home in this building, but, owing to lack of material for the changes considered necessary by Miss Cotton, it was decided to adopt the plan proposed by Dr. Mamulea to make it the residence of the mission only for the time being. Reforms are always difficult in their inception; on the one hand, the Roumanians, being extremely dissatisfied with present conditions, were anxious to change them, but they have not the proper facilities to make the drastic reform (practically the rearrangement of the entire system of their hospital) which the Mission advised On the other hand, members of the Mission were face to face with such primitive conditions, and ignorance on the subject of nursing, that they hardly knew where to begin. In passing, it may be said that the ravages caused by the war are tragically impressed on visitors to Boucharest at present.

The situation required much good-will and adjustment on both sides, and nearly eight weeks passed before a proper basis for beginning the work could be arrived at. During this time Miss Cotton consulted with Madame Bratiano (the wife of the former Prime Minister), the representative of the International and Roumanian Red Cross Societies, the chief of the College of Surgeons, and other doctors; she visited the hospital at Bucharest, and had several audiences with the Queen. It was finally arranged that the Mission take over four wards, two surgical and

two medical, in the Coltzea, one of the largest hospitals in Bucharest, for demonstration purposes. An automobile was placed at its disposal from the Royal garage to convey the nurses to and from the hospital, which is two miles distant from their residence.

The classes are at present composed of peasant women who were already in the hospital. In the meantime, the committee here is endeavoring to make an arrangement with the International League of Red Cross Societies, which has taken the Mission under its patronage, to have the Canadian nurses and the league's public health workers occupy some building in close proximity to the Coltzea Hospital, and put their resources together, opening an independent training school, under the direction of the league's doctor, Dr. Habgood. This should offer inducements to cultured women to enter the training school, and thus fulfil the object for which the Mission was sent.

The hospitals are almost entirely destitute of linen, the greater part of it having been carried away by the Germans during their occupation of Bucharest, so that at present the women attendants on the sick are bare-footed, and lack everything in the way of suitable clothing and the adjuncts necessary for the proper performance of their duties.

In order to put the wards, over which the members of the Mission are presiding, in a normal condition, Madame Pantazzi has made an appeal for the outfitting of beds and clothing of probationers, and has met with a generous and sympathetic response, especially from a number of chapters of the I. O. D. E.

During the trying weeks preliminary to starting work in the Coltzea Hospital, the Canadian nurses showed such good humor, patience and excellent judgment as to compel the admiration of all those who came in contact with them. Queen Marie writes that she is exceedingly pleased, and that no better choice could have been made. Her lady-in-waiting, Madame Lahovary, expresses great surprise that rumors of political unrest in Roumania are widespread in America, and energetically contradicts them.

The last report from the nurses (written February 7th) tells of all being in good health, and mentions that Colonel Boyle, a Canadian resident in Bucharest, has shown them much kindness and hospitality.

Lady Muriel Paget, with whom Miss Cotton worked in Russia during the war, is at present in Bucharest, and interesting herself in the matter of putting the Mission on a permanent footing.

* * * *

March 29th, 1921.

DEAR MATRON-IN-CHIEF:

The temptation to unburden my soul in these columns has for long itched my pen. To know there is a corner where, hedgehog fashion, one may come out, make her bow and retreat at will, is in itself a joy. In

the daily round of duties I am heartened by the knowledge that in these pages may be found outlet for the recollections that surge and surge and will not be stilled. If a tolerance is established, my pen shall frequently be directed C.A.M.C.-wards. Whether my mood be gay or sad, I feel it will find ready response in the hearts of war comrades, more especially in those who formerly made merry with, or frowned for me, as need arose. Dear companions of my physically weariest days; cherished sharers of work and recreation; time and separation serve but to enhance my admiration and affection. To fellow-workers, as well as to the maimed and suffering, you brought hope, inspiring all to be of good cheer. Your example ennobled and struck dumb before utterance any unworthy thought of self. When heaven's tears showered upon the fair fields of France, your calm strength gave me vision to see sun through the mist. Dear Sisters-in-Arms, were our "Lady of the Snows" to enwrap me in her iciest mantle and, perforce, heap upon me the snowclad Rockies, I should still grow warm at the thought of the work and companionship we were privileged to share within sound of the guns. Not all the snows of the Alps and the Rockies combined could efface such memories. As I have allowed these last to over-ride the original purpose of this letter, I shall reserve the chief object in view for a later number. In the meantime, to your keeping, Matron-in-Chief, I entrust my identity. To you, gentle reader, in the full confidence that loyalty may surmount rooted objection, I confess myself the "Cousin with the College Education." Whilst this confession may not, perchance, exude the all-pervading fragrance of the "Mayflower," it breathes none the less sincerity of sentiment.

(Signed) "CAULIFLOWER."

* * * *

"NOTHING TO DO"

By an ORDERLY,
No. 2 Canadian General Hospital, Le Treport

"Orderly! Orderly! Come *'toute de suite'!*"
"This locker is scandalous—make it look neat."
"Arrange all those ash-trays to dress by the right,"
"Clean all the sputum-cups. My! what a fright!"
"Look at the grey dust under the bed!"
"The stoves they need cleaning—they're positively red!"
"That floor's a disgrace—you must scrub it to-day."
"And clean all the windows without further delay."
"Have you brought the clean linen, and gone for the drugs?"
"Try the Red Cross for linoleum rugs."
"Bees-wax the oilcloth and sand-scrub the table,"
"Polish the brasses and get a leg-cradle."
"How you put in your time with duties so few"
"I don't understand—you have *nothing to do.*"

"Orderly! Orderly! Come this way!"
"Where under the sun do you stay all day?"
"Bed No. 40 needs to be screened,"
"See that my office is thoroughly cleaned."
"There are sixteen new 'stretchers' who ought to be bathed."
"On number one they will operate, he must be shaved."
"Take those kits to the pack stores and get out the 'Blues'."
"And when you get back just label those shoes."
"Was there ever an orderly more of a sinner?"
"Go for the rations—and get out the dinner."
"I'll complain to the Sergeant, or else the M.O."
"I'll put up with this Orderly no longer! NO!"
"I'm worked half to death and kept in a stew."
"While the Orderly really has *nothing to do.*"

"Orderly! Orderly! Who's in charge of this Ward?"
"Let him pick up the paper out there in the yard."
"Do you think that an Officer inspects just for fun?"
"Look at the coal shed—have it properly done."
"The latrine is a germ-breeder! Do you know what I think?"
"Half of you Orderlies should be in the 'Clink.'"
"You'll be up for office before you get through."
"You have plenty of time and *nothing to do.*"

"Orderly! Orderly! Fall in on parade,"
"'Tis the O.C.'s inspection of the soldiers, he's made."
"Shun! Dress! and form fours, and then form 'two deep'!"
"Rear rank back two paces—Lord! the dressing you keep."
"Brasses polished and shoes shined? Did you shave at Reveille?"
"This man needs a hair-cut—'C.B.' for McNally"
"You men are untidy—a disgrace to the Corps"
"Improperly dressed—'This won't win the War.'"
"Your cap is on crooked, your boot-laces crossed."
"Your 'esprit de corps' is more hopelessly lost."
"You must make an improvement before next Review."
"You have plenty of time from dawn to 'tattoo.'"
"You Orderlies—really Have *Nothing to Do.*"

"Orderly! Orderly! Where's the man gone?"
"Why doesn't he hustle his work along?"
"A Matron indeed has enough to O'ersee,"
"Without being bothered by such creatures as he."
"When 'General Debility' visits to-day"
"With 'Lady Top-Heavy' I know what he'll say,"
"This ward is the worst he ever did see."
"And it's the Major's—It should be 'le dernier Cri.'"
"Scrape all the papers from that old biscuit tin,"
"See that the 'cooks' have things neat as a pin."

"If you want to see kitchens go to Ward 44."
"Mind—all those pillows face away from the door."
"The pyjamas for Convoys—on the bed—in the Centre"
"Your Ward will look business-like then when you enter."
"Have it all done by ten, when the General comes through."
"You have plenty of time and *Nothing to do.*"

"Orderly! Orderly! Bring me a drink!"
"These Orderlies really are too lazy to think."
"Straighten my pillow! An then close the door,"
"Can you get a gramaphone from Ward 24?"
"Will you go to the Canteen and get me some Fags?"
"This shirt it needs changing—'tis all gone to rags."
"Would you cash me this order, and this letter post?"
"I don't know which Orderly neglects me the most."
"I wanted the night man to rub up my spine."
"I waited till Dawn—You should be up the line."
"You don't know what work is—until you 'Stand to.'"
"You 'safety first Blighters' have *Nothing to do.*"

"Orderly! Orderly! Now it's 'Lights Out."
"You can now take your rest without any doubt,"
"And dream of the glory you enlisted to Win
"On the Red Field of Honour, in the Battles Fierce Din."
"Where you rescued the wounded and did a man's work
"And weren't a 'chamber-maid' bossed by a skirt.
"But alas! as the warp of the woof of your dreams"
"Comes the Hospital 'tank' and the dread 'submarine'"
"And the bugles 'fall in' comes ringing so clear"
"Orderly! Orderly! a convoy is here—"
"So you rise up at midnight and gird on your sling"
"And carry the stretchers until the birds sing."
"Of 24 hours you have laboured quite 20."
"I'll leave it with you if that isn't plenty?"
"Ye Gods! When will Peace come and bring us our due"
"When the Orderly really has '*Nothing to do.*'"

(Signed) ORDERLY C.

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Nursing Sister S. Persis Johnson, M.R.R.C., convalescing in California, writes that the climate and general restfulness of San Diego is only exceeded by the extreme cordiality of its residents.

Nursing Sister E. G. Black, engaged in private nursing in Paris, France, is much encouraged by the success attending her venture in that field.

Matron E. Russell, M.R.R.C. and Bar, has accepted an important hospital appointment in the American Colony at Paris.

Nursing Sisters Mary and I. A. McCuaig are in charge of a hospital at Macleod, Alberta.

Nursing Sisters M. B. Aitken and Elinor N. Wade are taking a one-year course in public health at the University of California.

Nursing Sisters I. B. F. Muir, A.R.R.C., and Lucy White are engaged in private nursing in Los Angeles, California.

Nursing Sister M. E. Shearer has an appointment at the Royal Alexandra Hospital, Edmonton.

Nursing Sister Irene Brady is holidaying in New York. She is seriously contemplating accompanying her sister, Mrs. Keefer, to Constantinople, where the husband of the latter is resident.

Nursing Sister Marion Ruddick, M.R.R.C., who has been with the British Serbian Relief Force in Serbia and Montenegro for the past eight months, has latterly been in charge of a hospital at Metrovitza. As the work is now finished, Sister Ruddick is spending a few weeks' holidays in Athens before returning to England.

Nursing Sister E. W. Odell, M.R.R.C., has resigned her appointment (charge of the men's surgical floor) at the Tacoma General Hospital. The post of instructress at the Tacoma General Hospital and the Regina General Hospital respectively was subsequently offered her, but Sister Odell felt in need of a holiday. This is being spent at Santa Ana, California. Accompanying her from Seattle, and also holiday-bound, were Nursing Sisters Laura Adams, E. M. Aldous, M. E. Sunley, A.R.R.C., L. G. and V. Larter. Amongst those at the boat to see the party off were fifteen C.A.M.C. Sisters.

Nursing Sisters L. I. M. Curry, M. Duncan, B. Macdonald and D. B. Moss are established in Seattle.

The article, "How I came to the Q.A.I.M.N.S.R. and Found the War," in the March issue, is by Nursing Sister L. M. Leitch.

On April 1st, Nursing Sister E. De Merrall, A.R.R.C., opened at Skouly, Nybarg, Denmark, a home for young ladies—preferably those with no parents—who desire to acquire a knowledge of English and "how to take good care of themselves"—the prospectus naively adds. The house has a forest at the back and is charmingly situated in a pretty garden with grounds extending to the waterfront. The circumstance that many more applicants than the accommodation of ten admits has encouraged Mrs. De Merrall to consider building a large school next year.

The death took place on February 23rd of Mrs. S. Nelson (nee Nursing Sister Dora Pelletier). No further particulars are to hand. Sister Pelletier was a graduate of Holy Cross Hospital, Calgary, class 1916. In May, 1917, she proceeded overseas. She served alternately with No. 10 Canadian Stationary Hospital at Eastbourne, England, and Calais, France. In July, 1919, she returned to Canada. Of specially pleasing personality, Sister Pelletier made many friends in the service,

to whom the news of her death will prove a shock. Her marriage to Mr. Nelson was solemnized in August, 1920.

Sympathy is extended to Matron K. O. McLatchey, M.R.R.C., on the death of her mother, which occurred recently.

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In the presence of a large gathering, composed of her brother and many comrades of her service overseas and hospital training days, including officers and men of the district, members of the medical profession and nurses, the memorial tablet erected by the graduate nurses of the Hamilton General Hospital Alumnae Association in the entrance hall of the General Hospital, in honor of Nursing Sister Mae Belle Sampson, was unveiled on December 14th, 1920. Miss Fairley, lady superintendent of the hospital, and Mrs. George O'Brien received those who came to do honor to the late beloved nurse, and T. H. Pratt, chairman of the board of hospital governors, was chairman of the ceremonies, which began at 3 o'clock.

A guard of honor of overseas men, under Sergt.-Major John Anderson, M.C., was drawn up at each side of the tablet, and immediately following the unveiling by Dr. W. F. Langrill, superintendent of the General Hospital, a bugler sounded the Last Post, which was followed by a minute's eloquent silence, the gathering standing. Rev. Dr. Renison opened the proceedings with prayer.

An impressive address was delivered by Lieut.-Colonel J. Edgar Davey, in which he emphasized the fact that the tablet to Nursing Sister Sampson's memory was a tribute to the best type of womanhood, of which she was such a glorious example. Col. F. S. L. Ford, C.M.G., Assistant Director of Medical Services, Military District No. 2, attended the ceremony, and, in a brief address, paid eloquent tribute to the service and personality of Sister Sampson.

Honor Roll Unveiled

Another ceremony took place, following the conclusion of the unveiling of the handsome bronze tablet to Miss Sampson. That was the unveiling of the honor roll to the Hamilton nurses who enlisted for service during the war. Handsomely illuminated and embellished and bearing the names of the local nurses, and decorations of national emblems, it is a work of art of which the hospital authorities are very proud. It was presented to the institution by William Bruce, one of the city's most versatile men; and many admiring comments were heard concerning the honor roll, in view of its beauty and its designer's age, 88 years.

Colonel Rennie Officiates

Colonel Rennie performed the ceremony of unveiling, congratulating the alumnae on commemorating the names of the nurses, and making a brief but appreciative reference to the work the Canadian Sisters

had done in France and other theatres of war. Rev. Canon Daw also had a few sincere words of appreciation for the doctors and nurses, and expressed his admiration of the spirit of the meeting.

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Nursing Sister Catharine E. Irwin is a student with the Faculty of Public Health of the Western University, London, Ont.

Nursing Sister C. L. McNaughton has resigned her appointment at St. Anne de Bellevue Hospital. With her sister, she is spending the winter months at Long Beach, California.

Nursing Sister Pearl L. Morrison is now assistant superintendent of the Sarnia General Hospital.

LIFE OF A NURSE

The world grows better, year by year,
Because some nurse, in her little sphere,
Puts on her apron, grins and sings,
And keeps on doing the same old things:
Taking the temperature, giving the pills,
To remedy mankind's numberless ills;
Feeding the baby, answering bells,
Being polite when the spirit rebels;
Longing for home, and, all the while,
Wearing the old, professional smile;
Blessing the new-born baby's first breath,
Closing the eyes that are still in death;
Taking the blame for the doctor's mistakes—
Oh, dear! what a lot of patience it takes!
Going on duty at seven o'clock,
Tired, discouraged, and ready to drop;
But called back on special at seven-fifteen,
With woe in her heart (it must not be seen).
Morning, evening, noon or night,
Just doing it, ever hoping it's right.
When we lay down our caps and cross the Bar,
Oh, Lord, will You give us just one little star
To wear in our crown, with the uniform new,
In that city above, where the Head Nurse is You?

EVA M. SPENCE.

Of all the crowns that ever were awarded, the crown of simple patience is the best.—WILLIAM WINTER.

Hospitals and Nurses

NOVA SCOTIA

Miss Jennie Grant, Massachusetts General Hospital, the newly-appointed superintendent of nurses, Victoria General Hospital, Halifax, has entered on her duties. Miss Gladys Strumm, who has been substituting in the position during the winter, is spending a vacation at her home, Mahone Bay, N. S.

Very sincere sympathy is extended to Miss K. O. McLatchey, matron of Cogswell Street Hospital, on the death of her mother, and also to Miss F. M. Rice, who has recently lost her father.

At the annual meeting of the Halifax Children's Hospital much interest was taken in the "Rainbow Ward," which has been furnished and endowed by the Children's Rainbow Club, of Nova Scotia. The energies of this club are directed by the editor of the children's page of the *Evening Mail,* Halifax, who, under the name of "Farmer Smith," writes most charming letters to the Rainbow Circle.

The March meeting of the N.S.G.N.A. was held on the 5th ult., Miss Graham presiding. After the usual business Miss Graham was appointed delegate to the convention in Quebec, and other important matters were discussed. A lecture on "Voice Development" was then given by Mrs. S. Stead.

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NEW BRUNSWICK

St. John, N. B.

The nurses of the General Public Hospital Alumnae, in aid of the furnishing fund for the new home for nurses, held a tea and sale in the V.O.N. Home recently. The rooms were beautifully decorated, and in keeping with St. Patrick's Day ideals. Miss E. Mitchell, the president, was general convener, assisted by many of the members. A considerable sum was realized for the purpose intended.

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QUEBEC

At the March meeting of the Montreal General Hospital A. A. an address of unusual interest was given by Dr. F. G. Shepherd. His subject was the "History of the M. G. H." In his address he stated that, with the exception of the Hotel Dieu, the M. G. H. was the oldest hospital in Montreal, dating back to 1819, in the reign of George IV. The corner-stone was laid in 1821, and the building opened for patients in

1822. It has also the distinction of being the first hospital on the continent to introduce bedside clinics and teaching of medical students.

Miss Young, superintendent of nurses, and Miss McCannon attended the meeting of registered nurses recently held in Sherbrooke, Quebec.

Miss J. Jamieson (1921) has been taken on the staff as one of the operating-room assistants.

Miss Carrie Davis (1920) has taken a position in St. Luke's Hospital, Ottawa.

Miss Jackson is taking a course in anaesthetics in the hospital.

Mrs. L. Dow (1907) and Miss Jean Home (1918) are patients in the hospital at present.

About 165 Royal Victoria Hospital graduates were present at the dinner given by the Alumnae to the graduating class at the Ritz-Carlton Hotel, March 10th. The tables were prettily decorated with flowers, and ribbon in purple and gold. After the usual toasts had been given and responded to in an unusually happy vein, an enjoyable hour was spent in dancing and conversation.

The graduation exercises of the class of 1921, R. V. H., were held in the Nurses' Home on the afternoon of March 2nd. Sir Vincent Meredith presented diplomas to forty-one graduates. The address was given by Lieut.-Colonel W. G. Turner, M.C.M.D. Mrs. Hannington, superintendent of the V. O. N., also spoke to the class and their friends. Tea was served in the dining-room after the exercises.

Miss Amy McNish, '12, is leaving shortly for the Peace River District, where she and two other returned Nursing Sisters are taking up land. We wish them every success in their undertaking.

The engagement is announced of Miss Nell King, '15, daughter of Rev. and Mrs. J. B. King, of Grand Falls, N. B., to Charles Edward Bell, of Victoria. The wedding will take place this month.

Miss Hersey and Miss Hall left recently for Bermuda on a holiday trip.

Miss Sutherland, '16, night superintendent of the Ross Memorial, has been called home by the illness of her father.

A very pleasant tea was recently held for the class of 1917 by one of its members, Miss Alice Mount. Only eight of the twenty-eight members were able to be present, but letters were received from many of those absent ones, and a jolly time was enjoyed by those fortunate enough to be present.

Jeffery Hale's Hospital

At the March meeting of the Alumnae the members enjoyed an address from Miss Jean Wilson, for some years superintendent of the General Hospital, Moose Jaw, Sask. The speaker gave an outline of the leading topics to be discussed at the conventions, and also spoke on

the emergency nursing work of the Red Cross in Canada. After Miss Wilson's address, Miss Mackie, who is in charge of the industrial nursing with the Donnacona Paper Company, gave an interesting report of her work. The evening closed with a social hour.

Miss D. F. Ford is a patient in the Jeffery Hale's Hospital.

Miss L. Jones was called to Montreal by illness in her family.

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ONTARIO

Ottawa

At the meeting of Florence Nightingale Association, February 26th, the members had the pleasure of listening to an address on the "History of Nursing," by Dr. Maude Abbott, of Montreal. The speaker was introduced by Matron-in-Chief Macdonald, who presided. The Florence Nightingale Association has decided to subscribe for two copies of the *Canadian Nurse,* one for the secretary and the other for its convener of the magazine committee.

Hamilton

Miss Jennings has accepted a position as "field matron" with the Munsey and Oneida reserves.

Miss Lillian Morden has returned after five years' military service.

Miss Frances Moore is in New York, taking a post-graduate course at Bellevue.

Miss Edna Storms has accepted a position with the Mothers' Pensions Board.

Miss Baird, charge nurse in the O.R. at the Hamilton General Hospital, is now convalescing after an illness of some weeks.

Guelph

The graduate nurses of Guelph were addressed by Miss Foy, secretary of the G.N.A.O., on organization and kindred subjects, after which she organized a chapter of the G.N.A.O. in Guelph, with the following officers: Chairman, Mrs. Pound; vice-chairman, Mrs. A. Anderson; treasurer, Miss O'Donnell; secretary, Miss O'Sullivan. Meetings will be held the second Monday at the Wyndham Inn.

Miss Louise Hopkins, graduate of G. G. H., is among those who have completed the four months' course of the V. O. N.

Brantford

The monthly meeting of the B.G.H.A.A. was held March 1st, with an excellent attendance. An interesting programme was given, and much business transacted. Miss Robinson was appointed delegate to the G.N.A.O. convention. Through the magazine, we wish to extend to Miss Pearl Robinson (1916) our deepest sympathy in the loss of her mother, who died in January, in Kitchener.

Miss Georgia Lespis (1919) has accepted a position in the B.G.A. as supervisor of the operating-room.

Kingston

The regular meeting of the K.G.H.A.A. was held March 1st, Mrs. G. H. Leggett, president, in the chair. Since January, $100.00 has been spent for linen for the Nurses' Home. Mrs. Leggett, with Miss Lily Rogers as substitute, was appointed delegate to the G.N.A.O. meeting.

All arrangements were made for "Violet Day," to be held on Easter Sunday.

Ten dollars was sent towards the McGill scholarship of the G. N. A. T. N.

The Alumnae regret much the loss of one of its valuable members, Mrs. R. M. Filson, who, with her husband, left for Ste. Anne de Bellevue, where Major Filson has accepted a position. Mrs. Filson is a graduate of K.G.H., 1916.

A kitchen shower was given in Kitchener recently for Miss Florence Wood, who is to be married shortly. A most enjoyable evening was spent.

Toronto General Hospital

Mrs. A. L. Davis gave a tea, March 23rd, in honor of her classmate, Miss Harriet Thompson, of India, who is home on 18 months' furlough. Miss Thompson has been superintendent of a training school for native girls in a 65-bed hospital in India. She was also a guest at a tea given for the class of 1894 at the residence of Mrs. Tweedie. Among those present were Mrs. Arthur Paffard, Mrs. Mill Pellatt, Mrs. N. Hillary Aubin, Miss Lennox, Mrs. Davies, Mrs. Bell and Mrs. McKerrihan.

Toronto Western Hospital A. A.

Eight members of the Alumnae Association have been asked to become members of the ladies' board of the hospital. The members appointed have always taken a keen interest in the affairs of the hospital; two of them were overseas and have the R.R.C.

Miss McAfee, late assistant superintendent at the T.W.H., is now in charge of the school at Binghampton City Hospital, Binghampton, N.Y. With Misses Grills Hall, Walcot Cunningham as her assistants on the staff.

Miss Ruth Welshead, gold medalist (1918), has accepted a position in the Cambridge Hospital, Cambridge, Mass.

Miss R. Beamish and Miss Langman have accepted positions in the Homeopathic Hospital, Rochester, N. Y.

The T.W.H.A.A. have made arrangements to have two tablets placed in the corridor of the hospital. One is the honor roll, showing the names of 34 graduates who served overseas, and the other in memory of Miss Lena Davis, who died while on duty overseas. The latter

was unveiled at the T.W.H., December 3rd, by Col. J. A. Roberts, O.C., of the University Base Hospital unit, with which Miss Davis served at Salonica. The inscription is, "In loving memory of Nursing Sister Lena Alva Davis, graduate of class 1908. Born at Beamsville, Ontario, 1885. Died serving her King and Country at Basingstoke, England, February 21st, 1918. This tablet is erected by the Alumnae Association."

London

A plan to take over the theoretical work of the Victoria Hospital, London, with a view to establishing a five-year course leading to a degree of nursing, is being considered by the Western University, London, following a proposition of Miss Stanley to them previous to her retirement from the position as head of the training school. The hospital board endorsed the plan, and the University Senate will act on the proposition and decide at their next meeting. Three years in the hospital, with two years in the university, will then lead to the degree of Bachelor of Nursing. This is done in the University of British Columbia at the present time. It is hoped that, if the Senate are favorably inclined, it may be put into effect at the autumn session.

Miss Elizabeth Ross, graduate of Montreal General Hospital, who succeeds Miss Stanley as head of the training school of Victoria Hospital, assumed charge April 1st. She has had a wide experience in executive work, and has taken a course in Columbia University in hospital administration. She served overseas from 1915 to 1919, and, on her return, took up her duties in the Woman's Hospital, New York, where she remained till offered the position in London.

At a meeting of the St. Joseph's Hospital A.A., Miss K. C. McDonnell was selected as delegate to the convention of the G.N.A.O.

The Victoria Hospital A.A., at a recent meeting, endorsed the plan of a women voters' organization, as outlined by the Local Council of Women, and Mrs. Walter Cummins, Mrs. James Stapleton and Miss A. McKenzie were appointed delegates to the council.

Miss D. Hutchison and Miss Agnes Malloch were appointed delegates to the G.N.A.O. convention in Hamilton.

Miss Florence McMillan, graduate of the Sick Children's Hospital, Toronto, has accepted a position on the child welfare staff. She is the fourth nurse now doing that form of public health work.

The following members of the V.H.A.A. were successful in the Institute of Public Health mid-year examinations in professional public health courses: Mrs. P. A. Allison, Mrs. A. Stapleton, Mrs. Patterson, Miss F. Waugh, Miss C. A. Fraser and Miss Bertha Smith.

Miss Margaret Stanley, honorary president of the V.H.N.A.A., was "at home" to the members on Thursday afternoon, March 17th, and a very large number of the nurses availed themselves of this opportunity to spend a delightful few hours. Representatives were there from each

class of nurses who trained under the superintendency of Miss Tye, Miss Murray, Miss Mayou and Miss Stanley. On behalf of the association, Miss Della Hutchison, president, in a few well-chosen words, presented Miss Stanley with a mahogany dinner-wagon, a farewell gift. In replying, Miss Stanley thanked the members, and, in her usual charming manner, commented upon their loyalty to their Alma Mater, to each other, and to themselves, and urged that the same loyalty, respect and hearty co-operation be meted to the incoming superintendent of the training school for nurses, Miss Ross, as had been unstintingly shown to herself during the past fifteen years. Miss Stanley, owing to ill health, resigned from her position as superintendent of the training school. Too much cannot be said of her executive ability, and it is to her efforts that Victoria Hospital graduates have risen to such a high state of efficiency. The standard of our profession has been magnificently upheld by Miss Stanley, and we, who have been privileged to know her and have profited by her wide experience, are more than delighted that she will continue to reside in London, Ontario, where she has made a host of friends.

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MANITOBA

Brandon

A most successful masquerade dance was held recently under the auspices of the Brandon G.N.A., the music of which was supplied by the G.W.V.A. orchestra. The dance was given to complete the diet kitchen at the new hospital, and the proceeds amounted to $130.00. This dance was such a success that the nurses intend to have another later in the season.

St. Boniface Hospital

Dr. and Mrs. R. L. Hurst entertained the Alumnae on St. Patrick's evening at their home, and a thoroughly enjoyable evening was spent with cards and dancing.

Miss K. Farrell is again on duty at the hospital after convalescing at her home in Yorkton, Sask.

The sympathy of the A.A. is expressed for Miss Smow, who recently lost her small brother.

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BRITISH COLUMBIA

Merritt

The graduation exercises of the Nicola Valley General Hospital were held March 22nd. Medals, newly designed and showing the industries of the section of that country in miniature, were much admired and presented to Misses Gladys Batten and Mary Bond, the two graduates of this year. The address to the graduating class was given by

Judge Swanson, of Kamloops, and short addresses were also given by Drs. Tutill and Gillis. After the formal part of the exercises were over the friends and relatives adjourned to the new home for the nurses, where a most enjoyable evening was spent.

St. Joseph's Hospital, Victoria

Miss M. Howard and Miss E. MacDonald have been appointed correspondents for the *Canadian Nurse*.

Miss Ethel Saunders is on duty at Work Point Barracks.

Miss M. Arent, '16, has been appointed one of the instructresses at the Vancouver General Hospital.

Miss J. Forshaw, '15, V.O.N. provincial organizer, has been transferred to New Brunswick.

Mrs. McWaters (J. M. McKenzie, '15), Misses V. Walker, B. Ross, B. Gamble, E. dePfieffer and Sangster are on staff duty at the Kelowna Hospital.

Miss G. Smith is matron at the Campbell River Hospital, with Misses Robson and Hunter on the staff with her.

Misses C. Hagan and W. Wilcock are on staff duty at the Cumberland Hospital.

A most successful dance was held at the Alexandra Club by the Alumnae. The rooms were beautifully decorated for the occasion, and about 400 people attended.

The graduation exercises of St. Joseph's Hospital took place March 31st, 1921, when the following nurses graduated: Misses L. Manifold, E. Stuart, L. Swanson, G. Ledingham, G. Curtis, F. McCaffrey, M. Mason, M. Byrd, L. Graham and D. Taylor. The exercises were held at St. Ann's Academy, and a most interesting programme enjoyed by all present. Dr. Fraser presented the diplomas and medals. Miss Grace Curtis won a gold watch, presented by Mr. A. A. Clayton, for highest marks in surgical nursing examination. The bursary, presented by the V.G.N.A. to the most efficient work done in the first year, was won by Miss Beryl Thompson. Addresses were given by Bishop MacDonald, Rev. Father O'Boyle, director of Catholic hospitals in B. C., and by Dr. Barrett, president of the board. A musical programme preceded the presentation of diplomas and pins.

Royal Jubilee Hospital

The first annual meeting of the Alumnae Association was held March 14th, in the Nurses' Home, Mrs. Chambers, vice-president, in the chair. The secretary's report showed splendid work done by the association during the year—among other items, the annual ball of the association, which netted $383.00, and a cabaret, bringing in $61.00, which has been deposited toward furnishing the women's ward, which has been taken over as the work of the association. The graduating

class had been tendered a tea, which was much enjoyed. The treasurer's report showed $452.54, of which $300.00 was voted to be used for equipment of the women's ward.

The following were elected officers for the year: President, Mrs. Bullock-Webster (first graduate of the training school); first vice-president, Mrs. Johnson; second vice-president, Mrs. Harwood; secretary, Miss Sears; treasurer, Miss Hall.

After the meeting a dainty supper was served, the tables being decorated with daffodils and violets.

The April meeting of the V.G.N.A. was held on the 5th, Miss Morrison in the chair. After the usual business, the sick benefit was reviewed. All members paying $3.00 annually are entitled to $10.00 for five weeks' illness, if application is made and accompanied by certificate from doctor.

It was decided to assist the Red Cross in caring for a special case which was reported to the association.

Through the kindness of the Y.M.C.A., a series of local views were shown on the screen.

The Vancouver Graduate Nurses' Association held their regular meeting April 6th. After the routine business, plans for the coming fifth annual dance were discussed, and it was decided to hold the dance on Friday, April 22nd, at Lester Court. Further arrangements were left in the hands of an able committee.

Professor F. G. C. Wood gave a most interesting talk from Dickens, especially bringing out the characters of the medical students, doctors and nurses of that time. This address was much enjoyed by all, refreshments later being served.

The commencement exercises of the graduating class of St. Paul's Hospital, Vancouver, were held March 28th, at the West End Academy, Georgia Street. The following nurses were presented with their pins and diplomas: Misses E. L. Johnston, W. M. Harris, L. E. Catherwood, L. M. Law, J. Forrest, O. A. McLarty, F. L. Craske, M. E. McCaig, M. M. Krotschka, L. M. Sherwood, E. C. Finn, B. A. Smith, R. E. Williams, E. A. Horne. The class colors were black and gold, and the motto, "Virtue alone enobles." A most enjoyable time was spent by the graduates and their friends.

The members of the first class of public health nursing at U.B.C. have formed an Alumnae Association, and are keenly interested in its future.

Miss J. Peters has a position with the Rotary Clinic. Misses Griffen, Lancaster, Horman, are with the V.O.N. Misses Ehlers, Cuddy, Thom, MacKenzie are all in stations of the Red Cross nursing service. Miss McKay has gone to Edmonton to do work for the S.C.R. Miss Usher

returned to Ottawa after her course. Miss Hamlen is in Cincinnati; and Miss Lewis is in Washington, doing public health work there. The members of this association promise that this magazine shall be supplied with items of interest about their work.

BIRTHS

ANDERSON—At the Medicine Hat General Hospital, on March 11th, 1921, to Captain and Mrs. Anderson (nee Ada Taylor, R.R.C., V.G.H., 1909), a daughter.

BALCOM—At Victoria, B. C., to Mr. and Mrs. R. Balcom (Edith Dewsett, P.R.J.H.), a daughter, on March 22th, 1921.

CHAMIER—February, 1921, at London, England, to Colonel and Mrs. Adrian Chamier (nee Nursing Sister Edwina Lordly), a second son, Patrick Antony.

MARTIN—On March 9th, at Toronto General Hospital, to Dr. and Mrs. W. E. Martin (Edith Beavis, T.G.H., 1918), a son.

MILLER—October, 1920, at Tomiko, Nipissing District, Ont., to Mr. and Mrs. W. G. Miller (nee Nursing Sister F. E. Ellwood, A.R.R.C.), a daughter.

NORRIS—At Victoria, B. C., March 16th, 1921, to Lieut. and Mrs. T. Norris (Nursing Sister Jean Denoran, P.R.J.H.), a daughter.

PATTERSON—At the K.G.H., on February 12th, 1921, to Mr. and Mrs. Fred. Patterson (nee Mabel Allison, K.G.H., '14), a daughter, Dorothy Mary.

PEECOCK—At the Medicine Hat General Hospital, on February 20th, 1921, to Mr. and Mrs. Walter Peecock (nee Gertrude Murray, graduate of Moncton General Hospital), a daughter.

PORRETT—At Toronto Western Hospital, December 6th, 1920, to Mr. and Mrs. A. M. Porrett (Jean Fasken, T.W.H., 1912), a daughter, Ruth Elizabeth.

SNIDER—At the Vancouver General Hospital, Vancouver, B. C., March 6th, to Mr. and Mrs. E. Harold Snider (Nursing Sister Elinor Bishop, Royal Columbian Hospital, New Westminster), a daughter.

THOMAS—In Victoria, B. C., March 26th, 1921, to Dr. and Mrs. M. W. Thomas (Miss Drury, P.R.J.H.), a son.

MARRIAGES

ANDERSON-CARR—At The Manse, West Lorne, Ont., on November 1st, 1920, Nursing Sister Sophie Louise Carr to Mr. Ernest S. Anderson.

COLE-BARWICK—In Birmingham, Ala., February 20, 1921, Georgie Barwick (1915) to Mr. W. J. Cole.

DAVIDSON-MISNER—At Port Dover, Ont., December 20th, 1920, Nursing Sister Laurel E. Misner to Mr. James Burton Davidson. They will reside in Port Dover.

KEPPEL-GROVES—At Holy Trinity Church, Edmonton, on March 10th, Nursing Sister Caroline Ida Keppel to Capt. Herbert Salmon Groves. The marriage ceremony was followed by a luncheon at the home of Major and Mrs. G. G. Stewart, to which many of the friends of the bride and bridegroom were invited. A unique feature of the marriage ceremony and reception was that all those taking part had served overseas, while the bride, best man, Mrs. G. G. Stewart (matron in honor) and Matron Gamble are recipients of the 1914-15 Medal. After the honeymoon, Captain and Mrs. Groves intend making their home at Tomahawk, Alberta.

LOWE-GIES—In Kitchener, March 17th, 1921, Verna May Gies (K. W. H., '16) to Arthur H. Lowe, of Waterloo, Ont.

MCEWAN-GOURLAY—At the Nurses' Home, Brandon General Hospital, recently, Eleanor Charlotte Gourlay, graduate of the B.G.H., to Mr. Donald Gordon McEwan, of North Brandon.

MACKENZIE-CONNER—On March 9th, 1920, at Snow Flake, Manitoba, Nursing Sister Grace Conner to Mr. J. Mackenzie. Mr. and Mrs. Mackenzie will make their home in the Peace River District, where it is their intention to farm on an extensive scale.

THOMAS-ESSERY—At St. Paul's Church, Palmerston, Ont., March 2nd, 1921, Pauline Gertrude Essery to Mr. Gerald Alexander Thomas. Mrs. Thomas spent three years overseas.

DEATHS

HOUGHTON—On March 19th, at the Montreal General Hospital, Mary Grace Harriet Houghton, a member of the class of 1897.

God loveth thee—O may this thought
Be deeply on thy heart inwrought;
Let its sweet light shine bright and clear
When all around is dark and drear;
Before its beams the shadows flee;
God loveth thee, God loveth thee.

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"If any little word of mine
May make a life the brighter,
If any little song of mine
May make a heart the lighter,
God help me speak the little word
And do my bit of singing,
And drop it in some lonely heart
To set the echoes ringing."

THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES WANTED for General Duty. Salary $90.00 per month and full maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania.

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(Incorporated 1918)

AN EXAMINATION of Graduate Nurses from accredited Training Schools will be held in Hospitals in British Columbia having a Training School on Wednesday and Thursday, May 25th and 26th, 1921.

Names of candidates must be in the hands of the Registrar not later than April 25th, 1921.

Full instructions to candidates may be obtained from the Registrar, or at the Hospital in the town where she intends taking her examination.

HELEN RANDAL, R.N.,
Registrar.

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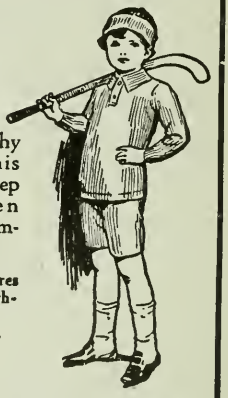

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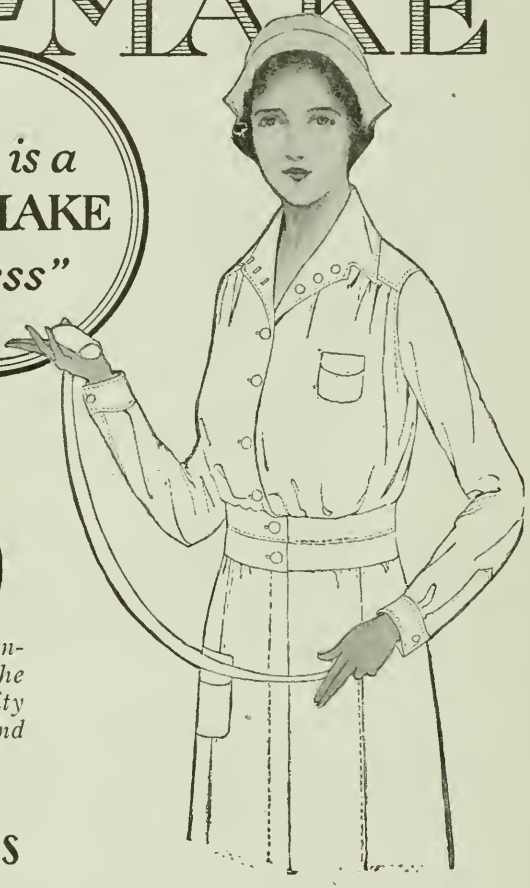

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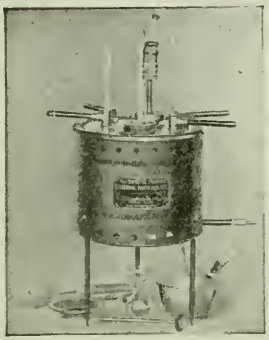

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Vol. XVII. No. 5

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AND HOSPITAL REVIEW

TRAINING SCHOOL FOR NURSES TORONTO GENERAL HOSPITAL

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	Page
Opportunities of the School Nurse	277
The Private Duty Nurse as an Educator in the Home	279
Child Welfare Work	282
Saskatchewan Nurses in Convention	285
Chinese Trained Nurses	288
Red Cross Society	289
Editorial	292
Letters to the Editor	292
Canadian Nurses' Association	295
News from the Medical World	296
Public Health Nursing Department	298
Department of Nursing Education	300
The World's Pulse	303
C. A. M. C. Nursing Service Department	305
Hospitals and Nurses	307
An Author for Doctors and Nurses	315

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A Monthly Journal for the Nursing Profession in Canada

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By M. E. MORRISON, A.R.R.C., R.N.

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With the process of the sun."

—Tennyson.

Help us to be broad. Give us vision as we glance at the world and wonder what is the best and most uniform service, enjoyed by all the people. Instantly we think of the postal service and means of communication—a great international service, doing equal service for rich and poor. It is within the means and reach of all who have even a slight education. In order that the people may enjoy communicating with others, they should be educated. Therefore education becomes a great national responsibility. Victor Hugo tells us to "teach the ignorant all we can; society is guilty where instruction is not free." All nations have some form of education, but not until an ideal method is arrived at can all be reached.

The function of education has been described as the preparation

for complete living. Then surely the right of the young is education. But "knowledge without health cannot profit us" (Dr. Terman). How can standards of health be maintained? One way is to have medical inspection of pupils and schools. Medical supervision of schools will become the most effective and convenient instrument for the attainment of national vitality. If the children are the nation's best asset, then time and money expended on the cure and prevention of disease is well spent.

Boards of health, boards of education and municipalities have all introduced medical inspection into schools; but it is not yet a national institution. We have national inspection for the conservation of our forests; national inspection for the conservation of our fish; national inspection for the conservation of our cattle. Are not our children more than these?

The first great opportunity for the school nurse is to do everything in her power to make school nursing a united national service.

Each community that has a system of school nursing is, indeed, fortunate, even if the history of the work is unknown—how, in France, in 1837, a Royal ordinance charged the school authorities with the duties of supervising the health of the school children and attending to the sanitary condition of the school-houses. Brussels, in 1874, appointed regular school physicians, and gained for herself the honor of being the first city to establish a system of school inspection in the modern sense of the term.

Miss Amy Hughes, a Queen's nurse, started the first school nursing in London, England, 1892. Boston, Mass., followed in 1894. In 1902 Miss Wald offered four nurses to the New York public schools. They were accepted; Miss Lena Rogers, now Mrs. Struthers, a Canadian nurse, doing pioneer work. From these small beginnings the work has grown until now almost all cities and some rural districts have a system of school nursing.

What does the school nurse do? She assists in the prevention of contagious diseases by having cases isolated, and seeing that they receive treatment. Here she may need the assistance of the board of health, health officer, school doctor. She must know health and housing laws; also how to co-operate with all organizations in the community for relief work.

She is responsible for the education of school children, and sometimes of their parents, in the principles of personal and public hygiene.

School play grounds, inside gymnasium, open-air rooms, open window room, school building, heating, lighting, ventilation, sanitation, public playgrounds, boy scouts, girl guides, children's library, parent-teachers' association, talks on public health—all of these interest the school nurse as helping to promote a healthy community.

Records kept by the school nurse may become of vital importance when statistics are wanted of the health of the school children. These are some of the opportunities the school nurse has of serving her community.

The school child needs help and instruction. Therefore, the school nurse must have a love and understanding of children. Sometimes a talk is necessary on the value of cleanliness, or self-help, or the use of the toothbrush, or proper nourishment, or proper clothing, or the correction of physical defects, cavities in the teeth, enlarged tonsils and adenoids, imperfect vision, running ears or nose. She must co-operate with the school physician to obtain diagnosis, then explain to the parents the notices sent them, and persuade them to take the child to the family physician or to the free clinic for treatment.

School lunch for the undernourished child is of utmost importance. A few words of persuasion will often induce the child to take a much-needed glass of milk with his sandwich and fruit. The individual drinking cup and paper towel are two good health assets in schools.

Play is essential to the health and happiness of the school child. The playground should be well kept, and games provided; school gymnasium, with instructor, for stormy days, when it is impossible for the child to play outside. The Boy Scouts is an admirable organization for health and development of the boy. Girl Guides, or other organization, to interest the girl. Camp Fire Girls or the Girls' Scouts organizations are both excellent.

Sleep for the growing child is imperative. In many cases twelve hours are necessary, always in a room with an open window. Careful observation of symptoms of tiredness or languor would soon disclose the fact of too little rest. Then it becomes necessary to give advice to the child and make a home visit to the parents. Often they are pleased to talk over their problems, and the school nurse may be able to find a solution, always remembering that she is forming a link between the home and the school. Thus the school nurse has an opportunity to serve the individual school child.

The Private Duty Nurse as an Educator in the Home

By M. K. Finlayson

When this paper was first brought to my notice, I thought the last word had been said on the subject by Mrs. Morrison at previous conventions; but, upon reflection, I realized that it is only by reiteration that even we grown-ups learn the importance of a matter. Moreover, nobody has the last word in these days of upheaval and readjustment.

It is generally conceded that the nurse in the home has always (at least since the days of the Sarah Gamps) been regarded as a shining light. But has she lightened the Gentiles to the limit of her power? Has she deliberately increased her candlepower, realizing the darkness that exists and her brilliant opportunity?

Is it not possible that, like the foolish virgins, she has neglected to replenish her lamp with oil, and is simply "not there" when the call comes? Sometimes it is only a case of a dim glass (lots of knowledge, but it cannot shine through). Let us brighten up, my sisters, and take our fair share in this glorious business of illumination.

The public health nurse, who has burst, full-fledged, like a beautiful butterfly, upon the world's notice, has roused her more prosaic sisters to realize the humdrum in their existence, and moved their souls to similar flights. The whole sisterhood has felt the sap of renewed life stinging and pulsing through it, and there is an urge to branch out, and blossom, and bear more fruit than ever before.

Now this sounds easy and natural, but is really far from it. Perhaps the difficulties in the path of the private duty nurse have not been fairly estimated. It may be that the influence of her days of training is largely accountable for her diffidence. In those days self-assertion was discouraged—in these days it is absolutely indispensable. In those days her tact, discretion, patience and politeness were heavily called upon—now it would almost seem as if she must put some of them aside if the programme of education is to be systematically carried out.

Think, for instance, of the brutality of telling a heart-broken man that his wife would not have died of typhoid if he had only cleaned his well out! Would it be a suitable time to mention to the distracted mother that, if she had only learned the A, B, C of infant feeding, her baby would even now be chuckling and crowing, instead of lying like a limp rag?

Perhaps we shall find a subtle way to do it—a sort of painless surgery, for we know the need is crying, and it is only at such times that some people are vulnerable; but, as all doctors are not capable surgeons, neither are all nurses skilled in this particular branch.

Then there is the "persistently dirty family," brought to our notice by Miss Mary Rodger. Even an ocular demonstration of cleanliness (an urgent necessity when you have to live with them) fails to impress, and is considered a foolish waste of time.

There are those to whom education is a foreign word: they know it all—you can tell them nothing. Have they not had ten children and buried five, and gone through the whole gamut of experience? What does an old maid know about raising a family?

The pity of it! To have learned so little from life, the great teacher. "And He could not do many mighty works because of their unbelief."

Yes, the private nurse has hitherto been more or less content to work with her hands, rather than her tongue; to ponder many things in her heart, and hesitate to express them. Her chief business has rather been to get the patient well, and this has often absorbed her whole time and energy, and the homily she might have read them has either been spelled out by her manner and method (that he who runs may read) or hidden deep in her aching heart. This is difficult owing to the fact that we are scattered units, and simultaneous free time a thing impossible to arrange; but we might answer, like Barrie's Sentimental Tommy, "I'll find a wye," and then cudgel our brains till the bright idea springs forth. And yet it is undeniable that she has missed many golden opportunities of helping her fellows, and spreading the gospel of health.

The newer trend of thought will lead her to open doors of service she had not dreamed it were hers to enter. She will learn to conquer faults of training and disposition by keeping abreast of the times and gaining the larger vision. It is not necessary that she be a walking encyclopaedia, yet it is imperative that she have an insight into the problems of the day, that she keep her knowledge up-to-date, and cultivate that radiant optimism which is a panacea for many ills; its roots are faith, the talk hope, and the fruitage thereof is love.

The saving grace of humor is another valuable ally in this education campaign, for it will often win the day when logic utterly fails.

With so many new fields of endeavor opening before her, the nurse must not forget that she is still the doctor's right hand man; that he is, chiefly, the reason of her being; and that, without her sympathetic aid, he cannot do his best work. The very finest spirit of camaraderie ought therefore to prevail between the two professions. Incidentally, the doctor, if he only would, could materially assist with the enlightening business, if "the lady with the lamp" might draw more freely upon his vast stores of knowledge and experience. There is no question of usurping his place, only a fervent desire to be his most efficient aid-de-camp in their battle against disease and destruction. And let not the sister from overseas deem that the adventurous and heroic spirit need languish with the war. There are still deeds of "derring do" awaiting her, whether it be in Korea, or only in the teeth of an icy blizzard to that pneumonic case. It is a missionary enterprise we are engaged upon; may we be found worthy of our vocation.

Though the key-note of the battle-cry is now "prevention," we must add "reconstruction" to make it a real slogan.

As we can only successfully combat sin (according to a famous divine) "by the expulsive power of a new affection," so must we seek to drive disease from the land by inculcating a love of hygiea. Let us elevate health to such a pinnacle of importance, make her such a figure of grace and beauty, and extoll her benign influence so that all will be constrained to admire and strive after her. Ours is the happy chance

of helping to remould the ideals of the people. So let us speak the word in season, whether in table-talk or the social evening chat, whether it be of the value of the simple life, temperance in all things, even in temper, the principles of eugenics, or haply just the virtues of God's great out-of-doors.

In time public opinion will be educated to the point where it will be considered almost a crime against society to be the careless victim of any preventible disease. Any marring of efficiency will be regarded as an economic and moral loss, to be guarded against as a lapse from the path of righteousness.

To carry conviction, our precepts must be backed by example and our own physique kept at least at par. To do this it may be necessary to train a household attendant in mild cases, for nurses are but human and sleep is a beneficent necessity. So also is a certain amount of recreation, yet the public still need to be reminded of these two facts.

In conclusion, let me plead for a closer co-operation of all private duty nurses. There are problems we might help to solve if we could but get together and put our shoulders to the wheel. A charge has been made against us that we are inarticulate as a class. That we have failed to contribute our quota in this forward movement among nurses. If "deeds, not words," has been our motto, let us clearly demonstrate that we are in this fight to a man.

Let us realize, as Kipling says, that

"It ain't the armaments, nor guns, nor funds that they can pay,
But close co-operation that makes them win the day;
It ain't the individual nor the army as a whole,
But the everlastin' team work of every bloomin' soul."

Child Welfare Work

By Miss Armstrong

The child welfare work was organized by the Health Department in the foreign section of the city of Regina in 1913. One nurse was appointed to carry on the work. At that time there were so many sick babies and adults requiring attention that her time was chiefly taken up in caring for the sick.

However, six child welfare clinics were held in the basement of a school in the East End. A special pamphlet on "How to Take Care of the Babies During the Hot Weather" was issued and distributed.

Although the work was started in June, 1913, it was not until July of the following year that a central office was opened, where the mothers could attend daily, from 10 to 12, for advice and have their babies

weighed. A weekly baby clinic was held under the direction of the medical health officer.

For the first two and a-half years the office was used for the distribution of milk from tuberculin-tested cows. Although the milk station was on the outskirts of the foreign district, there was quite a large attendance from other sections of the city. Circulars of instruction on the care of the baby were distributed. Medical supplies were given to the families where they were unable to pay for them, and, through the co-operation of the Bureau of Public Welfare, we were able to supply the necessary milk for the expectant mother as well as the mother and baby.

Mothers are taught, both at the station and in their homes, the modification of milk for the use of each infant. The mother, having once learned to modify the milk for her baby, need not necessarily be dependent on the milk station, should she move.

The work in pre-natal care was started in January, 1915, that the mortality coming under the head of congenital debility might be reduced. The social and economic conditions make this problem a difficult one to deal with. In June, 1916, an assistant nurse was engaged for three months, and another section of the city covered. Active educational work has been undertaken through the distribution of literature on child hygiene in English, German, Russian and Roumanian. Each visit of the nurse to the home is also educative, the mothers being instructed in the care of the child, feeding, etc.

In former years the babies were discharged at the age of one year. Owing to the prevalence of dysentery in children over one year of age, in January, 1917, the age of supervision was raised to three years. This increased the work to such an extent that it was necessary to engage another nurse permanently.

Our first and only baby contest took place in May, 1917. The Local Council of Women made the arrangements, and the contest was held in the Council Chambers of the City Hall. It lasted four afternoons. Seventy babies were examined by physicians, who kindly gave their services free. In the auditorium of the City Hall addresses were given by physicians on the care of the baby, and also pre-natal and obstetrical care of the mother. The Little Mothers' League, under the supervision of Miss Cooper, school nurse, gave a demonstration on the bathing and general care of the baby and the modification and sterilization of raw milk.

In July, 1917, it was thought advisable to hold well baby clinics weekly in the different districts. Two new clinics were organized: one on the North side, in the schoolroom of the Anglican Church, and the other on the East side, in the Roumanian Hall. Both clinics were very well attended.

In May, 1918, two special clinics were held at the welfare station. The weather was very stormy and cold, so only fifty mothers with their babies ventured out. The babies were given a thorough examination, and only seventeen were found without defects of any kind.

In July we commenced the usual weekly clinics, and continued them during August and September. At these clinics the nurse receives the mothers and babies in the weighing-room. The baby's name, address and age is recorded on a chart specially printed for that purpose. Each chart is duplicated, the mother receiving one and the other filed for the mother's next visit. The mothers undress the babies; they are weighed, naked, and the weight recorded on the chart. The baby is now ready for the doctor. The mother and baby are taken to the examining room and the chart handed to the doctor. If it is her first visit, the mother sits with the baby on her lap while the doctor asks a few questions regarding the feeding, sleep, etc. When he has all the information he thinks necessary, he requests the mother to lay the baby down on the examining table provided for that purpose. He then proceeds to give the baby a thorough examination. He advises the mother on the general care of herself and baby. If he finds any defects that require medical attention, he recommends the mother to consult her own physician. He writes down all his findings on the chart, so that the mother will have it for reference.

Up to and including 1918, we have had a change of doctors every month. We tried very hard to persuade the doctors to stay with the clinics for the summer months, but they did not want to be tied down.

As the attendance was so good at the North and East clinics in August, 1919, we added another clinic, which was held in the fire hall on the West side. We had an attendance of 80 for the two months.

This department is very grateful to all the doctors who have given their services free, and thus made it possible for the Well Baby Clinic to be held. We have been very fortunate in having the same three doctors take the clinic for the last two years. When the mothers know they will see the same doctor from week to week, they feel that he takes an interest in the child, and they attend more regularly.

During the hot summer months we have many requests from the physicians for the services of the nurses.

Unfortunately, we always have a number of cases of diarrhoea; but this year we have not had so many cases, and it has not been of so severe a type.

We have given a large number of bowel irrigations.

We have also used the protein milk powder very extensively this summer, with the best of results.

During the months of July, August and September a third nurse

was added to the staff.

On account of having to vacate our office at the end of February, we have had to carry on our work from the City Hall. The department is in urgent need of a properly equipped building for the work of the Child Hygiene Division, and we are counting on provision being made to take care of this need early next year. In this building the public health nurses would have their headquarters, clinics on infant feeding would be conducted, and milk modifications prepared as prescribed by the physicians. Here, also, special milk for babies would be handled for the convenience of a great many mothers who now find it most difficult to obtain a supply of milk for their babies. This building would be the centre for child welfare work, and its erection would make a great step forward in increasing the efficiency of this work for the conservation of child life in Regina. We are confidently looking forward to the provision of such a building early in 1921.

Saskatchewan Nurses in Convention.

The fourth annual convention of the Saskatchewan Registered Nurses' Association was held in Moose Jaw on March 31st and April 1st, the meetings being held in the lecture-room of the public library, with over seventy-five nurses in attendance.

The formal opening on Thursday evening, in charge of the local Graduate Nurses' Association, was presided over by their president, Mrs. Ironside. The address of welcome was given by His Worship the Mayor, Dr. R. H. Smith, which was replied to by Miss Jean Urquhart. In the heartiness of the welcome extended to the visiting nurses, Moose Jaw surpassed even itself on a previous like occasion. The arrangements committee, under the able convenership of Mrs. G. P. Bawden, had so planned everything for the conduct of the meetings, as well as for the pleasure of the members, that the two days were most profitably as well as pleasantly spent. As guests of the Kiwanis Club at luncheon, the nurses were welcomed by Dr. V. E. Black, and later a drive around the city, given by the Medical Association, followed by a high tea, as the guests of the Moose Jaw Graduate Nurses' Association, all made the visiting nurses feel very welcome. As a most happy closing to the convention, a delightful hour was spent viewing the art collection at the home of Mr. William Grayson, K.C.

All the time was not, however, given up to pleasure, though in listening to the excellent papers presented, business also became a pleasure. The programme having been prepared by the conveners of the public health, private duty nurse, and nursing education committees,

items of special interest to each section appeared during the session.

Mrs. M. M. Massey, of Regina, gave a most interesting paper on "Food Values," with a demonstration of standard portions of the common articles of diet, classified according to their function, showing also how a well-balanced diet could be most economically obtained. Dr. J. W. Turnbull, of Regina, gave a most able address on "Infant Feeding," emphasizing the importance of maternal nursing and the influence of the nurse in promoting this. He also spoke of the advantages of properly modified cow's milk over the artificially prepared foods. Dr. J. C. Beatty, of Regina, gave an address on the subject of "Immunity." This, along with a paper by Miss Mary Martin, of the King George Hospital, Winnipeg, on "Modern Methods in the Nursing of Communicable Diseases," were most thoroughly appreciated.

The work of the various agencies in the province engaged in the relief of suffering were most thoroughly covered in the papers by a number of nurses and others engaged in such work. Miss Kate Long, of the Public Health Department, gave a most interesting account of the work done for the trachoma cases of the province; Miss Isabel Stewart, of the Saskatchewan Red Cross, gave an interesting account of the different phases of public health work under the Red Cross, with special reference to the work of the nurse in the outposts; Miss Gertrude Haines, matron of the Lampman Hospital, gave an excellent account of the Saskatchewan nursing housekeeper in training, and of the place later to be filled by her in our prairie province. The work of the Anti-Tuberculosis League was presented by the president, Sheriff Cook, who referred to the progress made since the opening of the sanitarium at Fort Qu'Appelle a few years ago, with sixty beds, until the present day, when this splendid institution has three hundred beds, where the most modern and approved methods are followed for the care of incipient tuberculosis. Already plans are under way for the necessary increase in accommodation to care for the large number of incipient cases awaiting such care. Commissioner Kerr, of the Saskatchewan Red Cross, described most lucidly the different activities of the Red Cross, with special stress upon the hearty co-operation existing between the Red Cross and the Saskatchewan Registered Nurses' Association, whereby the Red Cross had been able to assist the Nurses' Association in the organization of the one-year training for nursing housekeepers, aiding both in securing the legislation and later financially. The Red Cross is also assisting in the securing of applicants with a good preliminary education for our Saskatchewan nursing schools by the awarding to students selected from each collegiate in the province of one hundred dollar scholarships. The commissioner also urged the enrolment in the emergency nursing service of every nurse who was free to respond to calls for such emergency service. The hearty support of the nurses in the membership campaign, whereby it

was hoped to enrol in the senior and junior branches every man, woman and child in Saskatchewan, is also being counted upon.

The hearty reception and adoption of the report of the Nursing Education Committee marks, it is earnestly believed, a long step forward in the elevation of nursing education in the province. The report, which was ably presented by Sister Raphael, of Providence Hospital, Moose Jaw, was fully discussed, the only dissenting voice being a telegram from an absent member counselling against hasty action, and expressing the opinion that such a curriculum could not yet be followed in the Saskatchewan schools. All present, though recognizing the difficulties, felt that they were not insurmountable, and the report was unanimously adopted. This report will be presented to the Senate of the University of Saskatchewan, asking that only schools which maintained a standard equivalent to that set forth shall be termed "approved training schools," and that only such training shall lead to registration in the province of Saskatchewan.

Among the resolutions presented by the Resolutions Committee, and approved by the association, were the following: One making a number of slight alterations in the accepted schedule of fees; another, presented by the Private Duty Nurse Committee, expressive of surprise that the valuable pages of the *Canadian Nurse* should be taken up by the publication of such a letter as appeared in the March number, signed "Private Nurse," and, further, that the sentiments expressed were not in any way in accordance with the feelings of the private duty nurses of Saskatchewan, and urging that our national journal be used only for the publication of such articles as will tend to promote unity and to raise the standard of our professional ideals. Another resolution was passed heartily endorsing the peace-time policy of the Canadian Red Cross in its endeavors for the prevention of disease, the betterment of the health and general welfare of the people, and promising the hearty support of the nursing association, believing the Red Cross to be the only organization so well prepared to undertake such responsibilities. The resolution drafted to be presented to the Senate of the University of Saskatchewan, asking its favorable consideration and acceptance of the suggested minimum standard curriculum, also asked that the university should set a time within which such curriculum should become effective.

Among other resolutions submitted was one from the Saskatchewan Committee of the National Memorial Committee. This committee submitted a resolution approving of the Canadian National Association of Trained Nurses undertaking to provide a fitting memorial to our Canadian nurses who gave their lives in the Great War, and suggesting that it should take the form of the awarding of a scholarship or scholarships to graduate nurses of each province through the Provincial Nurses' Associations, recommending that the scholarships given should

be sufficient to cover the entire expenses of the academic year in any Canadian university selected by the nurse chosen, also that the scholarship should not be limited to nurses trained in Canadian schools. It was suggested that a sufficient sum of money should be collected, that the interest would carry on the scholarships indefinitely, and that each provincial association be required to raise a definite amount in proportion to its membership.

The officers elected for the coming year were: President, Miss Jean Browne, Regina; vice-president, Miss Mary Montgomery, Fort Qu'Appelle. Councillors: Miss Ruby Simpson, Saskatoon; Sister Raphael, Moose Jaw, and Miss Cora Kier, Moose Jaw.

The delegates elected to represent the association at the meetings of the Canadian National Nurses' Associations to be held in Quebec were the retiring president, Miss Jean Urquhart, and the secretary, Miss Mabel F. Gray. The president, Miss Jean Brown, also hopes to be in Quebec, returning from the year spent in King's College for Women, University of London, as the Canadian to whom had been awarded the nursing scholarship founded by the League of Red Cross Societies.

The meeting adjourned, to meet in Regina next October on the days preceding, or following, the dates to be set for the meeting of the Saskatchewan Hospital Association.

Chinese Trained Nurses

By Mrs. Jeanette C. Ratcliffe

The results are just out for the Nurses' Association of China examinations. Six nurses from Tsinan, who had already received the diploma of the training school of the Shantung Christian University Hospital, wrote on this examination. Five were successful, with an average of 78 per cent. The sixth obtained a high average, but was short four marks on her medical nursing paper. These successful nurses are now members of the Nurses' Association of China, which already enrolled forty-eight Chinese names.

The fear has been expressed that Chinese trained nurses, having graduated, may have difficulty in finding work to do. Our experience at Tsinan has been just the reverse. One nurse is indeed idle, because tuberculosis claimed him at the very end of his training, but did not prevent him from standing first at the examination, as he had stood in his records during his three years' work. One is to remain in Tsinan for special X-ray work; one is night supervisor in a hospital on the Yangtse; one has charge of diets in an Anglican hospital, and, it is said, ensures their proper value to the patient by keeping peace throughout the wards, troublesome women and frightened children being gladly

delivered to her tactful care. One is doing most acceptable private nursing, and one is making more than good in a woman's hospital. Already applications are in, which the class graduating at Christmas will answer.—*Honan Messenger.*

Red Cross Society.

MISS FITZGERALD'S REPORT

(From Fourth Session of the Medical Section, held Thursday, March 4th, 1920, at 2.30 p.m., at the Hall of the Athenee)

"The Department of Nursing of the League of Red Cross Societies has been organized to develop, co-ordinate and direct, through each national Red Cross, the nursing service of each country. The problems in public welfare to be met in all the countries to-day are very similar in character and may be briefly classified under the following headings: Tuberculosis, Infant Mortality, Lack of Supervision of School Children, and very general Ignorance of Home Hygiene and Personal Hygiene. These conditions may vary according to each country and even according to each different locality, but the results are very much the same everywhere.

"Ill health is a great expense to the individual and to the State. To the individual it means loss of pay through inability to work, a gradual descent in the social ladder, and, finally, in many cases, a breaking up of the home. When one thinks that, after all, the foundation of the State is the home as a unit, this gradual breaking up is a tragedy for the welfare of that particular State. To the State ill health means a decrease in man-power, a loss in the output of industrial and commercial activities, an increase in epidemics with its additional expense to the State, and, finally, a lowered social status of the community, which results in poor citizenship.

"It is the duty of all thinking persons to recognize such a state of affairs, and to make an effort to find the best and quickest solution of these problems.

"At the Cannes Conference the subject of the betterment of the health and general welfare of the people of all countries was gone into very thoroughly, and thirteen important resolutions were drawn up and adopted. Out of these thirteen resolutions, eight are intimately connected with nursing and cannot be carried out without the help of nurses trained for public health work. For this reason we are planning to provide training for nurses from all countries at some central point in Europe, where we can find the proper schools for the theoretical train-

ing and the proper fields for practical training. If it is possible to arrange for this training, the students will be gathered for one year in one of the largest centres in Europe and will receive instruction through lectures and classes in the following subjects:

"Child welfare, including pre-natal care; tuberculosis nursing, including care and prevention; general medical nursing, including contagion, epidemics and prophylaxis, and other subjects such as sociology, psychology, domestic science, dietetics, sanitation, housing, hygiene, and the study of city, State and private organizations of all kinds.

"The practical work would be obtained by affiliation with organized dispensaries, visiting nurse associations, school nursing associations, settlement houses, industrial nursing activities, milk stations, and, where possible, country and rural nursing organizations. In addition to this course in public health nursing, the students would be taught home nursing and first aid to the sick.

"Upon completion of this training, which would cover an academic year, the nurses would be ready to return to their countries and take up the organization of visiting nursing, school nursing, industrial nursing, child welfare nursing and other branches which are included in public health work, and such organization would naturally include the training of other women and the choice of promising students for future training.

"In order to establish some sort of connection and understanding with the nursing service of the different countries, a questionnaire was made up and sent to the secretary of each national Red Cross, with the request that it be filled out and returned to the Department of Nursing. In an introductory letter, which accompanied the questionnaire, an urgent request was made that the information which the Red Cross did not possess should be obtained wherever possible by applying to other State or private organizations. It was hoped in this way to secure some valuable general information which would allow us to make a careful comparative study of the different countries, from which could be drawn conclusions of great value in making out suitable programmes for each country.

"This method, however, has been a failure. Some of the better developed countries have answered very fully, but the very countries from which we most particularly desired information have not been able to assist us. From this failure we must draw the conclusion that very little progress can be made through corespondence in our effort to establish a connection with the distant countries to which we hope to be of assistance.

"Owing to this lack of success, it seems more urgently desirable than ever that students be gathered together for training. These can return to their own countries, carrying with them our methods and

standards, and able to develop the understanding and to establish the connection which we failed to do by correspondence.

"In order to present the subject of public health nursing in a popular language which should appeal to all whom it is intended to help, two leaflets have been prepared by this bureau, and it is hoped that they will raise questions for discussion during this meeting and that the delegates will be willing to carry away a number of them for distribution by their own national Red Cross.

"These pamphlets will be of some assistance in the work of propaganda for which the delegates must take the full responsibility, and in which we can only assist them through circulars, posters and general instructions, in order to carry out our scheme for public welfare improvement.

"The League hopes to make itself responsible for the training of your country-women, but it will be your responsibility to so develop your Red Cross that these women may return home to find a definite place awaiting them. You must prepare opportunities for the work which is planned by means of lectures, of educational films, of frequent articles in daily newspapers; also by enlisting, on your side, school teachers, college professors, and the clergy, through whom you will reach a large number of people.

"The next step will be to organize a committee, whose duty it will be to form the organization which will be directly responsible for the work of the nurse. The Department of Administration of the League, to whom you will turn for assistance on the subject of organization, will help you to prepare the proper field of action for the women whom we will train to work in that previously prepared field.

"It is also our intention to collect all literature which may be helpful, and distribute it according to subjects. We will also translate into the different languages text-books in public health nursing which have proved useful to field workers, and which will be necessary to each different country when the work has been established.

"The above programme is not too ambitious, and the history of public health nursing, wherever found, has been one of early struggle and of final success. Wherever the work has been established, it has been difficult for the supply of well trained nurses to keep up with the demand, and I am optimistic enough to believe that we will see in each and every one of the countries belonging to the League a repetition of the success which public welfare nursing has had in France, Italy, England and America."

Editorial

Correction.—The article "Nursing Ethics," which appeared in the April issue attributed to Miss Florence Potts, brought a letter from Miss Potts asking that the credit of the article be given to Miss Kinder, Assistant Superintendent of the Sick Children's Hospital. The paper came with other material from the C.A.N.E. meeting with Miss Potts' name attached, and the Editor regrets the mistake and gladly makes the correction, giving the right author credit for the excellent article.

Letters to The Editor

DEAR EDITOR:

There is much discussion and diversity of opinion among the different alumnae as to what particular form the proposed memorial to the nurses who gave up their lives in the recent war should take.

Some of the alumnae suggest a statue (best design for such to be chosen), placed in Ottawa. Others suggest an educational memorial; that is, providing a fund for scholarship endowment, to enable those financially unable to take post-graduate work to do so. Yet another proposal is that of rest homes for nurses. All of which suggestions are admirable in their way; but it seems that the choice should fall on that idea which would be of most value to the nursing profession in particular and the world in general.

The statue, no doubt, would be a work of art, and viewed with mingled emotions and memories by all who saw it; but there its use or benefit to the world would cease.

To-day, with the world crying out for the woman of consecrated hand, brain and heart to save the childhood of the nations, with the lamentable shortage of those willing and capable of doing such work, one wonders if so much time and money would be well spent on an inanimate thing of stone and marble.

Many of our nurses, owing to a lack of financial means, are unable to go farther in their chosen profession than the result of their three years' training will take them, and who, if able to take post-graduate work, would be of immense value in social service and child welfare work, as well as in other branches of nursing.

It seems as if were there formed an endowment fund for educational purposes, some scheme of choosing those each year to benefit by it could be worked out, by which the undeserving would be excluded, or those not needing such aid.

Through the work and efforts of these better trained nurses, those for whom our nurses in the Great Beyond laid down their lives will surely reap the benefit, and especially future generations, much more than by a mere monument which can only be gazed on.

X. Y. Z.

DEAR EDITOR:

I am writing this for publication in the *Canadian Nurse* (May number) to personally voice my disapproval of the publication in the *Canadian Nurse* of anonymous articles, or letters of such nature, that do not allow of open, honest, professional expression. There is, in one instance, an apparent disregard of the "legal" involvement, which may confront the owners of the journal, as well as the writer herself, especially since such article contains venomous criticism, and mentions the name of the one attacked. Aside from the "legal" aspect of the case, there are the "ethical" and "professional" principles involved.

As an individual member of our organized profession, I hereby call attention of the Canadian National Association of Trained Nurses, owners of the *Canadian Nurse*, to exercise due action through its "executive" in regard to the article appearing in the March number, and written over the signature of "Private Nurse." By due action, I mean, more specifically: Demand of the writer an open apology, printed in the *Canadian Nurse* over the writer's own signature.

Even though there had been no mention made of Miss Johns personally, there is the other unprofessional reference made to officers of the training schools, which, taken in its best light, does not reflect credit on the writer; in fact, rather leads one to believe that she may not have had the opportunity to complete a course of training; hence the signature, "Private Nurse," which does not mean "Graduate Nurse."

I believe the "editor" is the responsible manager of the journal, and, therefore, should consider it to be her official right to withhold articles of an unsavory nature until she has obtained special directions from the executive of the G.N.A.T.N.

Of Miss Johns, I believe that I voice the sentiment of the majority when I say that no woman in the nursing profession is worthy of greater esteem and admiration.

Trusting that you will give space to this, as requested,

I am, yours very truly,

MARY A. CATTON.

MADAM EDITOR:

I thank you for publishing in the April number of the *Canadian Nurse* my letter with regard to an article in the March number appearing over the signature, Private Nurse. I regret that the editor's note upon the same occasions the further necessity of my asking for space, which I hope will be given to this and the following:

In your note, the editor defends "Private Nurse" in her choice of a nom de plume, while at the same time she weakens her defence by holding out the assurance that the offence was not committed by one within the limits of our own Province, by so doing tacitly admitting our right to know more of the writer of that article.

And why this discrimination in favor of B. C.? Is another province less unwilling to bear the responsibility of the writing, or is it that another province is more willing than B. C. to be made the goat? Why that fragment of information? while the editor claims that concealment of identity is in the interests of the rights of others, though it is known that reckless freedom of speech carrying concealment of identity is hardly compatible with the rights of others, and it is for this very reason that the editor, of necessity, holds the name of the writer of any such article published by her.

I may take it that this discrimination in favor of B. C. is a sop of assurance given to waylay any action intended by nurses in a body or possibly to the board of the Vancouver General Hospital, and since I had already been led to believe that "Private Nurse" was from among us, I now conclude that, rather, the dictator or instigator of that article is the one we have with us. As many others are doing, I am asking why. Why, indeed, leave under suspicion thousands of nurses throughout Canada? unless there is something about the whole thing which will not bear the light of day! Obviously, someone has an axe to grind, and many are open to the accusation of being the one, as is, even the editor herself, former lady superintendent of the Vancouver General Hospital.

The atmosphere of secrecy and unfairness is distinctly one of uncertainty for us all since we are given to understand that any article, however unworthy, may appear in the *Canadian Nurse* over a designation common to thousands entirely innocent of its misuse, passing censor with no further comment by the editor than that of an attempt at defence. The insecurity of it is decidedly unpleasant since the proffered opportunity to hurl oneself at any antagonist, right or wrong, without fear of detection or any other consequences, must naturally prove very inviting to a considerable number. I may find myself the victim of the next one who similarly has an axe to grind, be that one who she may, be she, even, the editor herself.

Under the circumstances, then, I, for one, though a constant sub-

scribed to the *Canadian Magazine* during the last twelve or fourteen years, will no longer be a party to its support; my final subscription to the magazine under present control having already been received.

Yours respectfully,

ANNIE A. KENNEDY.

779 Bute Street, Vancouver, B. C.
April 25th, 1921.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

It is with great regret that the association has received the resignation of its much-loved registrar, Mrs. Burch, who for the last twenty-six years, day and night, has so faithfully served the medical and nursing professions, and the public generally, both in town and country.

Last November, when Mrs. Burch was taken to the Western Hospital suffering from a fractured femur, it was hoped that, after a few months' treatment and rest, she would be able to take up her work again, and at the beginning of the year she was given three months' leave on full salary, but her physicians have decided otherwise, and it is no easy task that now lies before the committee to appoint a successor to one who, not a nurse herself, has so thoroughly understood the trials and difficulties of both patient and nurse, and has so wisely fulfilled the duties of the office for so many years. Though not engaged in active work with the nurses, we feel sure that Mrs. Burch will always be interested in the association for which she has done so much, and among whose members she can claim some of her warmest friends.

Miss Gertrude Kelly has returned from Saranac Lake, where she has been nursing since December.

The Misses M. R. and E. M. McLean, Miss McNish and Miss H. M. Ellis have left Montreal to try their hands at farming in the Spirit River District, Northern Alberta, where they have been granted a section of land under the Soldiers' Settlement Act for their services overseas.

News from The Medical World

By Elizabeth Robinson Scovil.

Fat in the Diet

It was stated in some of the studies of food during the war that in normal times an American ate on an average 3½ ounces of fat a day; an Englishman, 3⅛; a German, 2 1/3; and a Frenchman, 1½. The Inter-Allied Scientific Food Commission agreed to recommend 2⅝ ounces as the desirable minimum. Almost all recipes for cooking require fat, and its absence alters the taste of food and makes it less palatable. Otherwise, it has been found by Osborne and Mendal, two celebrated experimenters, that satisfactory growth in animals can be maintained from an early age to full adult size on a diet low in true fat. Vitamins A and B, which seem indispensible to growth, being supplied by small portions of alfalfa and yeast. They concluded that the minimum necessary amount of fat must be extremely small. Its place must be supplied by fresh fruits and vegetables eaten daily.

Disinfecting Shaving Brushes

The peril from anthrax, conveyed by shaving brushes made from infected bristles, has caused the University of Health, in England, to issue directions for disinfecting them. The brush should be thoroughly washed in soap and water, containing a little washing soda, and allowed to stand for half an hour in warm water with a little soda dissolved in it. It is then placed in a warm solution of formaldehyde, one part of 40 per cent. solution to 16 parts of water, for half an hour. This frees the exposed hairs from infection, but the germs may still lurk where the handle covers hairs. The Japanese Government has ordered all bristles used in the manufacture of brushes to be disinfected before being made up.

Pulmonary Tuberculosis

A French physician thinks that pulmonary tuberculosis is more serious when it occurs in a person who up to this time has been healthy and has not been exposed repeatedly to infection. Children of the tuberculosis parent who have contracted the disease have a better chance, as they are to a certain extent immune. When there are healed lesions the prognosis is rather favorable.

Obstetrical Examinations

In a paper on obstetrical mistakes, it is stated that internal examinations made by a nurse in order to delay calling the doctor as long as possible are a grave menace and must not be tolerated. Internal

examinations are extremely unfortunate necessities, and their number must be kept down as much as possible.

The Food of Children

It is stated by competent observers that during the period of growth children require larger quantities of food than is usually supposed. In adolescence this may exceed by 1,000 calories the requirements of the average man or woman who is only moderately active. The need for supplies for growth and the incessant activity of children explains this. Children should have a liberal diet and not be stinted in the amount of food taken. They usually receive too little, rather than too much.

Fumigation

The *Journal of the American Medical Association* says on this point: "The efficiency of formaldehyde room disinfection in actually preventing the spread of infection has been seriously questioned in recent years. There is ground for believing that the share of inanimate objects in spreading disease is not as great as at one time supposed. The available evidence indicates that pathogenic bacteria discharged from the body die off rather quickly under the influence of drying, oxygen and sunlight. The slight impetus given to the destructive process through the use of gaseous disinfectants does not appear to be practically of high value. At all events the virtual abandonment of routine gaseous disinfection in a number of cities has not been followed by any measurable increase of communicable disease." It seems as if the main dependence must be upon thorough cleansing with soap and water and exposure to fresh air and direct sunlight.

Women Increasing in Size

From a study of 4,023 women who entered the Leland Stanford Junior University, in California, during the last thirty years, it was found that the average height of women has increased from 1 to 1.1 inches. The average weight also has increased.

Vaccination Against Typhoid

It has been noticed in France that the vast majority of cases of typhoid occur in women, the men having received preventive inoculation during the war. The advisability of vaccinating the entire civilian population has been discussed. This, if done at the age of 15, 18 and 21, would afford protection, and, with the progress of better hygiene, typhoid would be eradicated.

Whooping-Cough from a Nurse

Two cases are recorded in which new-born infants contracted whooping-cough from a nurse who was in the early stages of the disease. Its true nature was, of course, unsuspected.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

The work of the Massachusetts-Halifax Health Commission has been so well received in the town of Dartmouth that the Town Council, acting as a Board of Health, have appointed the chief nurse in the Health Centre in Dartmouth to the position of sanitary inspector. On the 31st of March the following letter was received by Miss Mary D. Patterson:—

"Dear Madam:

"I am directed to notify you that you have been appointed to the office of Sanitary Inspector in the Town of Dartmouth. You will please attend at the Town Hall to be sworn into office.

"Yours truly,

"(Sgd.) ALFRED ELLIOTT,
"Town Clerk."

It is a great assistance to any public health nurse to be an official sanitary inspector for the Board of Health in the district in which she works. It enables the nurse to correct any insanitary evils with certainty and dispatch in the vicinity of the place of residence of the families she is instructing.

Miss Patterson had three years of practical public health experience in Calgary, and later a year in the Kentville Tuberculosis Sanitarium. Her home is in Tatamagouche, Nova Scotia.

VANCOUVER.

The University of British Columbia has announced the result of the final examinations in the Red Cross course of Public Health Nursing, as follows, in order of merit: First-class Honors, Miss M. Harmon, Miss H. G. Munslow, Miss L. Usher, Miss L. E. Buckley. Second-class Honors, Miss C. W. Thom, Miss W. G. MacKenzie, Miss H. B. McKay, Miss J. Peters, Miss J. Hardy, Miss M. Griffin, Miss F. M. Whitaker, Miss G. Frazee, Miss E. McLaren, Miss H. A. Lewis, Miss Hamlin, Miss C. Hughes, Miss D. H. Hornby.

Prize Winners, (1) B. C. Branch of the Canadian Red Cross prize of $100.00, Miss M. Harman; (2) Provincial Board of Health prize of $60.00, Miss H. G. Munslow; (3) Provincial Board of Health prize of $40.00, Miss L. Usher.

The American National Health Council has completed plans for a co-operative renting agency whereby a number of national health agencies have secured adjoining quarters on the 15th and 16th floors of the Penn Terminal Building, 370 Seventh Avenue, New York.

On the 15th floor are the National Organization for Public Health Nursing, with the A. N. A. and the League for Nursing Education, the National Tuberculosis Association, Social Hygiene Association, and National Committee for Mental Hygiene. This may interest some of the Canadian nurses visiting New York and wishing to get into touch with the National organizations.

Recipe for Making a Good Nurse.

Mix together equal parts of pluck, good health and well-balanced sympathy; stiffen with energy and soften with the milk of human kindness. Use a first-class training school as a mixer. Add the sweetness of a smile, a little ginger and generous amounts of tact, humor and unselfishness, with plenty of patience. Pour into the mould of womanhood time with enthusiasm, finish with a cap, and garnish with ambition. The sauce of experience is always an improvement to this recipe, which, if followed closely, should be very successful and exceedingly popular.

"A thousand voices go
To North, South, East, and West;
They leave the heights and are troubled,
And moan and sink to their rest.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Outline of Course for Pupil Dietitian

As given in the General Protestant Hospital, Ottawa, Ont.

The course of study for a pupil dietitian is of four months' duration, and includes practical training as follows:

(1) Locations, observations.
(2) Ordering, receiving, storing and giving out of supplies.
(3) General serving of food.
(4) Supervision of dining-rooms, linen, cutlery, dishes.
(5) Supervision of serving kitchens, linen, cutlery, dishes; also inspection of trays, refrigerators, sinks.
(6) Daily menus.
(7) Stock-taking.
(8) Book-keeping.
(9) Method in engaging help.
(10) Teaching.

The work may be divided as follows:

First Month

1. First Week—Locations and observations and general idea of work.

2. Second Week—Responsible for cleaning of storerooms, bread cupboards and refrigerators.

3. Third Week—Responsible for dining-rooms. This includes instructing maids, inspection of tables, linen, cutlery, cupboards and weekly dish-count; also weekly supplies of dishes to all kitchens.

Second Month

4. Planning of menus with special attention to utilizing left-overs. Instructing cooks as to amounts, recipes, etc. Sending up all meals and extra supplies to floor kitchens. Supervision of food truck each time it is sent out. This work would extend over the second month.

Third Month

5. Inspection of trays and supervision of diet kitchens generally. Ordering and receiving of supplies.

FOURTH MONTH

6. Stock-taking and book-keeping for third month.

7. Teaching classes to be arranged whenever convenient throughout the entire course.

Tentative Programme for Convention May 30th to June 1st.

Morning Session, Monday, May 30th, 10 a.m.

Executive Meeting and Registration of Nurses.

Afternoon Session, Monday, May 30th, 2 p.m. prompt.

Reading of Minutes of last year's Annual Meeting.
President's Address.
Report of Secretary.
Report of Treasurer.
Correspondence.
Reports of Standing Committees.
Reports of Special Committees.
Discussion.
Business arising from Reports, etc.

"Is There a Shortage of Nurses?"

Mrs. Plumptre, National Secretary of Canadian Red Cross Society, and Convener of Publicity Committee of the Canadian Red Cross Society.

"Teaching of Venereal Diseases to the Nurses-in-training."

Miss F. E. Brown, Supervisor of Venereal Disease Nursing, Public Health Department, Toronto, Ontario.

Morning Session, Tuesday, May 31st, 9.30 a.m.

"A Survey of the Courses of Instruction and Training for Nurses Now Given in Our Canadian Universities."

Miss Kathleen Russell, University of Toronto.

Short papers from each Province that has Registration, discussing Educational Advantages secured through Registration, proposed Amendments to Acts, weak points, etc.

Afternoon Session, Tuesday, May 31st, 2 p.m.

"The Trained Attendant in Training."

Miss M. F. Gray, Superintendent of Nursing Housekeepers in Saskatchewan.

Round Table

1. "Suggested Text Books for Canadian Training Schools for Nurses as a Step Towards Uniformity of Training."

Miss Mary Catton, Superintendent of Nurses, Protestant General Hospital, Ottawa, Ont.

2. "Re-arrangement of Third Year with a View of Granting Student Nurses the Privilege of Electing Special Subjects."
   Miss McNeel, Children's Hospital, Winnipeg, Man.
3. "Disciplining of Student Nurses for Infraction of Rules."
   Miss H. Hersey, Royal Victoria Hospital, Montreal, Quebec.
4. "Nursing Ethics."
   Miss Eleanor McPhedran, Central Alberta Sanitarium, Calgary, Alta.

Evening Session, May 31st, 8 p.m.

June 1st, Joint Session with the Canadian National Association of Trained Nurses.

Morning Session, Wednesday, June 1st, 9.30 a.m.

Exhibits: Those of special value in teaching new methods, etc. Superintendents of Training Schools are requested to contribute to this Exhibit, and, if unable to have someone present to demonstrate or explain exhibit, to send written explanation.

"Hospital Administration as it Affects Our Training School."
Major Haywood, Superintendent General Hospital, Montreal, Quebec.

"Survey of Dietetic Course in Our Large Hospitals, with Practical Suggestions for Small Schools."
Miss Estelle Kribs, Dietitian, County Carleton General Protestant Hospital, Ottawa, Ont.

The Question Box

Members are asked to hand in question relative to Training School, or Teaching Methods, and, if time will permit, they will be discussed here.

Unfinished business.

Election of Officers.

Others' follies teach us not,
Nor much their wisdom teaches;
And most, of sterling worth, is what
Our own experience preaches.

Will Waterproof's Lyrical Monologue.

Make knowledge circle with the winds;
But let her herald, Reverence, fly
Before her to whatever sky
Bears seed of men and growth of minds.

"Love Thou Thy Land."

The World's Pulse

By Elizabeth Robinson Scovil.

An Artificial Rubber

The invention of an artificial substance possessing all the qualities of rubber, at one-twentieth of the cost, is reported from Spain. The inventor is an Italian, Washington Rossi, a chemist in the Barcelona laboratories.

The Canadian Nursing Unit in Roumania

Miss Dorothy Cotton, the head of the Canadian Nursing Mission to Roumania, reports that the nurses were to work for two months in the Coltgea Hospital, in Bucharest, under three of the leading doctors in Roumania, who all have clever young assistants. The hospitals are good, but the nurses in the wards are in great need of training. Queen Marie is much interested in the work, and writes that she is greatly pleased with the mission. The nurses live in the Nurses' Home, and the Queen sends a motor to take them to and from the hospital. Miss Cotton has been taken by the King's doctor to visit all the hospitals, fourteen in number. Plans are being arranged for more work. Queen Marie has personally attended two meetings and given every assistance in her power.

A New Wireless Invention

Marconi has announced a new wireless invention by which ships may be guided during a dense fog. It is based on a principle by which electric waves may be directed in any definite direction, like flashes from a lighthouse. These waves would take the place of lights in thick weather, and prevent collisions.

The Safety of Children

It is stated that there is a marked decrease in the number of accidents happening to the children of Detroit since instruction in accident prevention has been given in the public schools. In a year nearly eleven hundred children were injured; after instruction this was reduced to five hundred and eighty-nine in 1920. It was found that the younger children required to be taught care in crossing the streets, and boys in the prevention of bicycle accidents. Instruction also was given in home safety, preventing accidents from fire, scalding, and the careless use of firearms.

Arts and Crafts Talents

An exhibition has been held in Montreal of work done by the

mothers of children who attend one of the public schools. The women are all Russian Jews or Polish women. A unique feature was that almost every article was in daily use in the home. Teacloths and table napkins showed the favorite national stitches. The Russian border in beautiful drawn work, the Prutik and the Myreschka cross-stitch in red and blue and the exquisite wrapped work, which is drawn in red and white, the square mesh being wrapped afterward with red. Much of the linen is woven by hand. Some of the articles had quaint mottoes in Russian: "When the kitten is happy, the cat is happy"; "The birds sing too early in the morning." One table napkin, woven and worked by a young girl, perhaps for a hope chest, said, "I don't know whom it is for, but my heart says it is for my sweetheart." There were beautifully embroidered Russian costumes and a striking panel embroidered in bright colors on black homespun. The women were told that a ready market could be found for their work through the Canadian Handicrafts Guild.

Strontium

A new mineral product from a mine, said to be the only one of its kind in Canada, is being used in the manufacture of rubber tires. It is called strontium. The rock is ground in a mill, and the resulting product is as fine and white as flour. It is named from Stormia, a town in Argyleshire, Scotland, where a similar mineral was first discovered. There is a mine in Missouri, where limited quantities of an inferior product are found, which is used in the process of extracting sugar from molasses.

Preventing Tuberculosis

Dr. Nathan Raw, who was a delegate to the Sixth International Congress on Tuberculosis in Washington in 1908, and is also a member of the International Committee for the Prevention of Tuberculosis, has announced to the Royal Society of Medicine, London, that he believes he has found a means to prevent tuberculosis by inoculation. He is a member of Parliament, won a D.S.O. in the war, and has written much on tuberculosis. His standing in the medical profession is said to be high.

A Woman as Cabinet Minister

Mrs. Ralph Smith, senior member for Vancouver City in the British Columbia Legislature, has entered Premier Oliver's Cabinet. She holds the office of President of the Council, without portfolio. She declined the Speakership of the Legislature before the opening of the session.

Manna Gathered in Palestine

O. L. Heiser, American consul at Jerusalem, states in an official report that manna is found in the regions of Upper Mesopotamia and Kurdistan and on the Persian frontier. It falls in the autumn, in the

form of dew, and lodges on the oak trees. It soon hardens and looks like grain. It is gathered by shaking the trees, under which sheets are spread to receive it. Unlike the manna that fell for the Israelites, it can be kept indefinitely. It is stored for use in winter or shipped to Bagdad, to be sold in the bazaars.

C. A. M. C. Nursing Service Department.

In May, 1920, at a meeting held for the purpose, there was formed at Edmonton, Alberta, a club for Overseas Nursing Sisters resident in that city or locality. With twenty Nursing Sisters in attendance, the following officers were elected: President, Nursing Sister H. B. Acton; Vice-President, Nursing Sister M. Lavell; Secretary, Nursing Sister J. Chinneck.

The object of the Club is stated to be purely social. On the other hand the fact that at one meeting the sum of one hundred dollars was voted to the Soldiers' Relief Fund shows quite plainly that the higher ideals dominate. The Club has met at the home of various members, and in this way delightful evenings have been spent. On March 8th a highly enjoyable and successful dance was given in the Palm Room of the Macdonald Hotel. The membership of the club at present numbers forty-four. Any nurse, in good standing, who has served Overseas—not necessarily in the C. A. M. C.—is eligible to become a member. The present President is Mrs. Turner, nee Nursing Sister A. M. Blackwell, and the Corresponding Secretary, Nursing Sister M. G. Gould.

It is notified that the subscription list for The United Nursing Services Club, Ltd., London, England, will close on or before July 1st, 1921.

This Club is capitalized at £30,000, divided into 15,000 shares of £2 each. The entrance fee for original members is fixed at £1 1s. 0d., and this fee shall not be payable by members taking more than one share in the Company. The annual subscription is as follows: Town members £2 2s. 0d.; Country members, £1 1s. 0d.; Overseas members, 10s 6d.

The Company has already received 1,241 applications for membership in the Club. The house and premises at No. 34 Cavendish Square, London, W., have been acquired, and it is anticipated the doors will shortly open. Canadian Nurses in good standing, and who served with a Military Organization, are eligible for membership.

A comparatively recent issue of "Toronto Saturday Night" contained a charming sketch and photographs of Matron K. Conway-Jones, M.R.R.C. (Q.A.I.M.N.S.R.), Nursing Sister Julia Hamilton, A.R.R.C., C.A.M.C., and their joint bungalow and farm at Lulu Island, British Columbia. Army uniform has been doffed and the intriguing but less feminine costume of the land girl donned. Miss Conway-Jones served for a time as Matron of H.M.H.S., Oxfordshire, and has many friends in the C.A.M.C. who wish the Lulu Island farm every prosperity.

Nursing Sister E. G. Miller has gone back to her former position as night superintendent at the Royal Alexandra Hospital, Edmonton.

Nursing Sister Jean McNee is attached to the Pathological Department of the Royal Alexandra Hospital.

Nursing Sisters J. Chinneck and E. M. MacRae are in the Public School Department of Health, Edmonton.

Nursing Sister H. B. Acton is with the Department of Agriculture, Alberta.

Matron J. McG. Macdonald, M.R.R.C., has left Calgary for Seattle. She writes enthusiastically of the pleasures experienced in renewing overseas friendships en route.

At St. Matthew's Church, Ottawa, April 14th, there was solemnized the marriage of Matron Florence Grand to Major David Hamilton Burn. A reception and dejeuner followed at the home of the bride's mother. Amongst the guests were several Nursing Sisters. It was hoped that to one of these should have fallen the bride's bouquet, which was tossed in traditional manner, prior to departure from the house. The guests accompanied the bridal party to the railway station, where much merriment and confetti prevailed. Major and Mrs. Burn will reside at Coburg, Ontario.

On April 14th, 1921, at St. Mark's Church, Victoria, B. C., the marriage of Miriam, second daughter of Mr. C. W. Hitchcox, Cordova Bay, B. C., to Archibald Murdoch, youngest son of the late William Bowman, Glasgow, Scotland, was solemnized. The ceremony was performed by the Rev. H. V. Hitchcox, brother of the bride. Nursing Sister Hitchcox served Overseas three-and-a-half years with the C. A. M. C.

It is noted that among the important topics to be discussed at the Annual Convention of the Canadian Association of Trained Nurses (Quebec City, June 1st to 5th), is that of "Canadian Nurses' Memorial for Nursing Sisters." The interest of the subject, to them more particularly, should assure the presence of fair representation from the Canadian Army Medical Corps, permanent and non-permanent Army Nursing Service. The question as to the most suitable form of Memorial (chain of Nursing, Scholarship, Endowment Fund or Rest Homes, etc.) is an intimate and pressing one. Suggestions in writing from Nursing Sisters unable to attend will be welcomed.

Hospitals and Nurses

QUEBEC.

Quebec.

The April meeting of the J.H.H.A.A. was held on the 4th, in the Nurses' Sitting Room. The principal business related to the coming convention of the C.N.A.T.N. and C.A.N.E. from May 30th to June 4th. Miss Jamieson (1917) was appointed delegate from J.H.H.

We are glad to note that Miss D. F. Ford and Miss Matthews are on the convalescent list.

Sherbrooke.

The G.N.A. of the Province of Quebec met in Sherbrooke March 15th. The meetings were held in the Art Hall, with a good attendance. Miss Helen Hetherington, President of the Eastern Townships G.N.A., presided at the meetings. The delegates visited the Sherbrooke Protestant Hospital, and in the evening were the guests at a banquet given at the New Sherbrooke Hotel. Drs. Lynch, Gordon, Hume and Bayne were also present. All report a most interesting and delightful time.

* * * *

ONTARIO.

Kingston.—A tea was given April 14th by the A. A. of the K.G.H. to Misses Gill and Murdock, who left recently to take positions in the Philadelphia Hospital for Contagious Diseases. They will be much missed.

Toronto.

Miss Matheson, superintendent of nurses, Riverside Hospital, was hostess at a delightful afternoon tea at the Nurses' Club House in honor of Nursing Sister Margaret Norwich, graduate of the Riverdale Hospital, Toronto, lately of the American Red Cross, who has been doing social reconstruction work in Serbia and Ruthenia since 1918. Mrs. Wilkinson (formerly Miss Pearce, class-mate of Miss Norwich) presided at the tea table, which was beautifully decorated with spring flowers. Many friends of Miss Norwich were present and a most enjoyable afternoon was spent.

London.

Dr. F. W. Luney was the speaker at the last meeting of St. Joseph's Hospital, A.A., giving a most instructive address on "Bacteriology," illustrated with demonstration and specimens. During the business session,

a report was given by Miss MacDonald on the recent convention of the G.N.A.O.

The alumnae is preparing for a banquet to be given the graduating class, and a special meeting to introduce members of the graduating class to the members of the A.A. Each member of the Alumnae Association, about 100 in all, has promised $5.00 to the children's hospital, which will make a helpful contribution to its funds.

This city was well represented at the 18th Convention of the G.N.A.O. held in Hamilton. Nine nurses, including five members of the Victoria Hospital A.A., attended all sessions.

A reception tendered by the Victoria Hospital Trust and Victoria Hospital A.A. to Miss Elizabeth Ross, recently appointed Superintendent of Nurses, Victoria Hospital, was held April 5th, and was attended by several hundred representative citizens. Miss Ross was assisted in receiving the guests by Miss D. Hutchison, President of the A. A. Mrs. E. S. Little and Mrs. Cleghorn presided at the tea-table, which was beautifully decorated with flowers, carrying out the school colors of "Purple and Gold."

Hamilton.

Miss Carrie Lanaway has accepted a position with Miss Kate Madden, Supt. Brooklyn General Hospital, Brooklyn, N.Y.

The graduating exercises of the Hamilton General Hospital were held in the Assembly Hall of the Collegiate Institute, April 22nd, and was pronounced by all most enjoyable. There were 31 graduates. The Emma Pratt Scholarship ($100.00) for Theory, was won by Miss McNally. The Mary McLaren House prize ($50.00) for Practical Work was won by Miss Ivy Buscomb. Miss McNally also won a scholarship for McGill University, and the two Public Health Scholarships (Toronto University) were given to Misses Hobden and Jean Soutar. Two of these scholarships are given by the Hospital Board and one by Mr. Gordon Henderson, a member of the Hospital Board of Governors. Miss Shaw, who came a close second, was given Honorable mention. After the exercises a most enjoyable dance was held.

Miss Lucy Watson recently paid a short visit to Hamilton, after a long absence.

The Misses Pierce and Wilkinson attended the G.N.A.O. Convention from St. Thomas, where they are doing private duty nursing.

Kitchener.

A large delegation of our nurses attended the meeting of the G.N.A.O. and returned with a keen appreciation of the hospitality of the Hamilton nurse and the various people who entertained them so completely.

The Alumnae of the Kitchener and Waterloo Hospital held a most successful dance in aid of the Freeport Sanitarium.

The beautiful new residence for the nurses which was built by the late Jacob Kaufman, of Kitchener, and furnished by Mrs. Kaufman in his memory, was formally opened on April 1st, 1921.

The Alumnae recently donated two clocks for the operating rooms of the hospital.

Collingwood.

The following nurses received their diplomas at the recent graduation exercises of the General & Marine Hospital, Collingwood: Misses Jessie Robb, Elizabeth Foster and Miss Euphemia Smith. An excellent musical programme was enjoyed, and speeches were made by the Chairman of the Hospital Board, Mr. D. Williams, Mayor Holden, Dr. G. M. Aylsworth, and others. Flowers were presented to the graduates from the Board of Managers, the medical staff and other friends. After the distribution of diplomas and pins, refreshments were served and a delightful social hour followed.

* * * *

MANITOBA.

St. Boniface.

The unveiling of a memorial tablet erected in honor of Nursing Sister Agnes McPherson, who was killed on duty at Doullens, France, May, 1918, took place in the Nurses' Study Hall, April 13th, 1921. The tablet was unveiled by Miss A. C. Starr, President of the Alumnae, and addresses were given by Dr. James McKenty and Dr. J. P. Howden, followed by a musical programme. About 200 guests were present, including the Rev. Sister Superior, sisters, nurses and hospital associates of Miss McPherson.

Mrs. James Prendergast entertained at tea on Wednesday, April 27th, in honor of Miss Eleanor Manion, who, with Miss Adelle Ross, is leaving for St. Mary's Hospital, Rochester, Minn.

Miss Willena Tracy has returned to Winnipeg much improved in health after her long illness.

Miss Jean Watson, of St. Boniface Hospital Staff, has just returned to duty, after an extended trip east.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES.

At the last meeting of the Manitoba Association of Graduate Nurses the enclosed resolution was passed, with the recommendation that it be published in the next number of the Canadian Nurse.

Sincerely yours,

ELIZABETH RUSSELL,

Corresponding Secretary.

Referring to the "Letter to the Editor," appearing in the April issue

of the Canadian Nurse:

"Whereas the Canadian Nurse is the official organ of the National Association of Graduate Nurses of Canada;

"And Whereas, the Manitoba Association of Graduate Nurses is a branch of the National Association;

"Be It Resolved that we go on record as strongly disapproving of the use of the columns of the magazine for the insertion of such a communication, savoring, as it does, of an antagonism which seems purely personal."

* * * *

SASKATCHEWAN.

Moose Jaw.

The Fourth Annual Convention of the Moose Jaw Graduate Nurses' Association was held on March 2nd in the Club Room of the Y.W.C.A.

The election of officers resulted as follows: President, Mrs. W. F. Ironside; First Vice-President, Miss E. Renton; Second Vice-President, Mrs. G. H. Lydiard; Secretary-Treasurer, Miss P. Gladys Jordison. The Conveners of the Standing Committees were appointed as follows: Educational, Miss Mary Wilson; Social Service, Mrs. J. D. Sifton; Social, Mrs. J. F. Droppo; Constitution and By-laws, Miss Coleman; Press, Mrs. H. D. Hedley.

The Educational Committee has already planned a most interesting and instructive series of lectures to cover the meetings throughout the year, and the Press Committee hereby reports itself as "Active."

Saskatoon and District.

The very greatest regret has been expressed by all the Nurses, as well as the many other friends of Miss Granger Campbell, on learning of her resignation from the position of Superintendent of Nurses in the City Hospital, Saskatoon. Miss Campbell, who is a graduate of the Montreal General, '14, came to Saskatoon in 1916 to take charge of the Training School, which position she has most ably filled. In spite of her busy hospital life, Miss Campbell has always given freely of her time and energy to help promote the best interests of the nursing profession in the Province. As well as being one of the first nurses to register, Miss Campbell has also served continuously upon the Nurses' Council. She will be very much missed, and our best wishes follow her in her future activities.

Miss Belle MacRae (P.G., New York, '03), who has for the past three years been engaged in institutional work in Los Angeles, has recently returned to Saskatchewan with her invalid mother, and they are at present the guests of her sister, Mrs. Mutchinor, of Wilkie.

Miss Ruby Simpson (W.G.H., '19), who has for the past eight months most efficiently filled the position of Instructor of Hygiene at

the Saskatoon Normal School, returns on May 1st to Swift Current to resume her work in the rural schools. At the recent Convention of the Saskatchewan teachers, held in Regina, a most excellent paper was presented by Miss Simpson on "Play and Its Relation to Hygiene."

Miss Grace Prescott (R.V.H., '19), has been with the Provincial Staff of School Hygiene since November last. Her headquarters are in Battleford, but she is a frequent visitor in Saskatoon.

Mrs. F. W. Shaw, of Macklin (nee Dorothy Vance, R.G.H., '11), has recently joined the Provincial Normal School Hygiene staff, and expects to be located for the summer months in the Kerrobert District.

Miss Edith Macey (W.G.H., '09), who was among the Saskatchewan nurses who served overseas with the C.A.M.C., has recently returned to Saskatchewan, and has taken charge of the Eston Union Hospital.

Miss Robina Caldwell (W.G.H., '20), who has been the guest of her sister, Mrs. Gebbie, of Saskatoon, has decided to remain in Saskatoon and take up private nursing.

Mrs. Wm. MacIntosh, the popular "Tat" MacDonald of No. 3 General Hospital, has been residing in Saskatoon since the New Year. Her small daughter, Betty, aged six months, is a joy to all beholders.

Miss M. Buchanan (T.G.H., '14) has been on the staff of the Kindersley Municipal Hospital since last September. This is Miss Buchanan's first trip west, but she is enjoying the Prairie Province, and has adapted herself admirably to western conditions.

Regina and District.

Letters just received from Mrs. J. W. Sawyer (nee Rebecca Agar, W.G.H., '10), of Deep Creek Box, Grand Prairie, Alberta, announce the arrival of a little daughter, Ena, in November last.

Mrs. W. A. Thomas, of Saskatoon, who has for a short time been relieving on the staff of the hospital at Unity, was a visitor in Regina this month.

Miss E. Love (W.G.H., '15), of the staff of the Fort Qu'Appelle Sanitarium, spent her vacation in April on a visit to Mrs. Levis (nee Hanna Blau, W.G.H., '15) in Allan. Miss Love was much surprised to find that a young son had just arrived at the home of Mr. and Mrs. Levis, to greet her on her visit.

Weyburn.

The graduation exercises of the Weyburn General Hospital Training School for Nurses were held on March 28th, 1921, when Miss Leah Finkbeiner and Miss Dora Maynard, the two graduates, were presented with their diplomas and medals. The exercises took place in the Nurses' Reception Room in connection with the Hospital, Mr. M. A. Miller, President of the Hospital Board, presenting the graduates with their diplomas, while Miss Ruth Hicks, superintendent of the Hospital, presented the

medals. The Florence Nightingale pledge was given by Rev. J. C. Wilson.

During the evening the Graduating Class was addressed by Messrs. M. A. Miller, T.M. Marshall, editor of the Weyburn Review, and Mayor Mergens. A most interesting musical programme preceded the presentation of diplomas and medals, after which luncheon was served to all present.

* * * *

BRITISH COLUMBIA.

Kamloops

The following nurses formed the graduating class of the Royal Inland Hospital, whose exercises took place April 20th, 1921: Misses Beatrice Leverington, Grace Robertson, Jean Lockie, Myrtle Hawthorne, and Susan Livingstone. Addresses were given by the Chairman of the Hospital Board, J. T. Robinson, Mayor Burton and Joseph Harwood, of Vernon. The Class was addressed by Dr. Irving, and the diplomas and pins were presented by Mrs. R. A. Thompson, President of the Ladies' Aid, and Miss Macmillan, Superintendent of the hospital.

The following have been appointed by the Lieutenant-Governor-in-Council to act as examiners under the Registered Nurses' Act of the Province: Dr. Wasson, Victoria; Dr. W. B. Burnett, Vancouver; Miss Jessie Mackenzie, Victoria; Miss Lucy Pringle, Nanaimo; Miss Kate Stott, New Westminster, and Miss Mary Campbell, Vancouver. Examinations will take place May 25th and 26th, 1921.

Nelson

At a meeting held on March 3rd, to form the Nelson Graduate Nurses' Association, the following were elected officers for the ensuing year: President, Mrs. D. Hartin; 1st Vice-President, Miss A. MacArthur; 2nd Vice-President, Miss A. Cant; Hon. President, Miss Creash; Secretary-Treasurer, Miss C. LaRose. The meetings are held at the Kootenay Lake General Hospital, Nelson, the second Monday of the month. Dr. Anne Smith, a returned missionary from India, addressed the nurses at the April meeting. A great deal of interest is being taken in the Association and a large membership is assured.

Vancouver

The Vancouver Graduate Nurses' Association held their fifth annual dance on Friday, April 22nd, at Lester Court. About 400 invitations were issued and nearly that number attended. Yellow daffodils were used in great profusion throughout the rooms and, with the many pretty gowns, made a most pleasing picture. Supper was served in the banquet hall at 11:00 p.m., and Garden's six-piece orchestra provided most excellent music for the dancers. Many doctors and their wives were among the guests. Patronesses for the occasion were Mrs. W. C. Nichol, Mrs.

H. R. Gale, Mrs. M. T. MacEachern, Mrs. B. D. Gillies, Mrs. E. D. Carder, Mrs. A. D. MacRae and Dr. Margaret Hogg. A great deal of credit is due the committee of nurses for the success of this social function.

The Vancouver Graduate Nurses' Association held their regular monthly meeting Wednesday, May 4th, when Miss Mary Ard McKenzie gave an address on Public Health Work.

BIRTHS.

Elliot—On April 10th, 1921, at 152 Guy Avenue, to Mr. and Mrs. Lindsay W. Elliot, a daughter. Mrs. Elliot was a graduate of Sherbrooke Hospital.

Ross—In Saskatoon, to Mr. and Mrs. W. A. Ross (nee Bessie Tuck), a daughter, Margaret Elizabeth, on April 7th, 1921.

Levis—In Allan, to Mr. and Mrs. Levis (nee Hanna Blau, W.G.H., '15), in March, a son.

Muffett—To Mr. and Mrs. Harry Muffett (Miss Goodridge, W.H.G., '13), on October 29, at Montreal, a son.

Randal—To Mr. and Mrs. Philip Randal (Ivy Griffiths, W.G.H., '15), on February 20th, at Winnipeg, a daughter.

Harrington—To Dr. and Mrs. Harrington (nee Laidlaw, W.G.H., '07), at Dauphin, Man., a son, January 7th.

Graham—To Dr. and Mrs. Graham (nee Bloy, W.G.H., '15), at Toronto, a daughter, in November.

Moir—To Mr. and Mrs. J. H. Moir (nee Williams, W.G.H., '10), at Winnipeg, a son, John Bruce, on January 28th.

Morley—To Dr. and Mrs. Morley (nee Ethel Stewart, W.G.H., '15), a son, at Vancouver in October.

Stewart—To Mr. and Mrs. James Stewart (nee K. Romey, W.G.H., '11), a daughter, Shirley Kathleen, on December 24th, 1920.

Kerragher—To Mr. and Mrs. M. C. Kerragher (May Kennedy, W.G.H., '13), a daughter, in Winnipeg, in December.

Coulter—At Winnipeg, April, 1921, to Mr. and Mrs. F. Coulter (Jessie Campbell, St. Boniface Hospital), a son.

Paille—At Melville, Sask., April, 1921, to Dr. and Mrs. Paille (E. Gilley, St. Boniface Hospital), a son.

Brough—In Medicine Hat, April 26th, 1921, to Mr. and Mrs. J. M. Brough (Medicine Hat General Hospital), a daughter, Joy Evelyn Charles.

Anderson—At Medicine Hat, Alberta, on April 10th, 1921, the wife of Capt. John Anderson, of a daughter. Mrs. Anderson was Nursing Sister Ada Walker, graduate H.G.H., 1910.

MARRIAGES.

Golden-Johnston—On April 6th, 1921, in Toronto, Ont., Margaret Johnston, R.R.G., to A. Daunt Golden, M.C. Mr. and Mrs. Golden will reside at 516 Brunswick Avenue, Toronto, Ont.

Ronaldson-Hammell—At St. Paul's Church, Beeton, Ont., on April 2nd, by the Rev. T. G. Wallace, Ada Winifred, second daughter of Mr. and Mrs. Wm. Hammell, Beeton (T.G.H., 1907), to Thomas Sherreff Ronaldson, son of the late Peter Ronaldson, C.A., Edinburgh. Mrs. Ronaldson was overseas from 1914 to 1919. Since her arrival in Canada in the latter year, she has served continuously in the Dominion Orthopedic Hospital, Toronto. Her many friends wish her all happiness.

Gibson-Wood—On April 4th, 1921, at St. Saviour's Anglican Church, Waterloo, Ont., Florence Wood (K. & W. H., 1918) to Alexander Gibson of Peterboro, Ont.

Manchester-Barclay—At Grace Church, Winnipeg, Man., March 24th, 1921, Jean N. Barclay (St. Boniface Hospital) to William I. Manchester.

Price-Barker.—At St. John's Church, North Vancouver, B. C., January 29th, 1921, Hester A. Barker (Royal Victoria Hospital, Montreal, 1918, to Llewellyn Trevor Price, of Duncan, B. C.

Roberts-Cornell—On April 20th, at St. Mathias Church, Westmount, Montreal, by the Rev. E. Bushnell, Gladys Cornell, daughter of Mr. and Mrs. J. Grant Cornell, of Grosvenor Abe, to Mr. Leslie M. Roberts. Miss Cornell is a graduate of the Western Hospital, Montreal, 1921.

Sargent-Duff—On December 27th, 1920, in San Francisco, Miss May Duff (W.G.H. '14) to Mr. Robt. Sargent. Mr. and Mrs. Sargent left in February for South America.

DEATHS.

Nichol—In Vancouver, Mrs. Nichol (Miss Markley, W.G.H., '99).

Horning—Suddenly, while on a trip to Vancouver, B. C., Miss Ada Horning, graduate Hamilton General Hospital.

Scott—Suddenly, at Grande Prairie, Alberta, Mary Brown, wife of Dr. G. E. Scott. Mrs. Scott was a graduate of the Hamilton General Hospital.

Most blameless is he, centred in the sphere
Of common duties, decent not to fail
In offices of tenderness, and pay
Meet adoration to my household gods.

Ulysses.

An Author for Doctors and Nurses

(Robert Louis Stevenson)

Our former article in the July, 1918, number of this journal was so well received, that we take the liberty of presenting our readers with another article on the same subject.

Stevenson was born in Edinborough, in 1850; he died in Samoa, in 1894. As a child, he was very delicate; consequently, his education at school was irregular and interrupted. This may have been a good thing. Between his thirteenth and seventeenth year he spent a good deal of his time in the South of England and on the Continent in search of health. These experiences, no doubt, gave him the pabulum for his "Ordered South."

As a youth, he showed the most passionate love for books and for the study at first hand of that about which the books he loved—life; and particularly that of the proletariat, among which class he found some fine character studies.

Stevenson's father intended that R. L. S. should follow in his footsteps and that of his paternal ancestors for two generations back—lighthouse builders; but this life, with its rough experiences of the Scottish seas, he could not stand; so he decided to build an intellectual and spiritual lighthouse.

"Say not of me that weakly I declined
The labors of my sires, and fled the sea,
The towers we founded and the lamps we lit,
To play at home with paper like a child.
But rather say: In the afternoon of time
A strenuous family dusted from its hand
The sand of granite, and, beholding far,
Along the sounding coast, its pyramids
And tall memorials catch the dying sun,
Smiled well content, and to his childish task
Around the fire addressed its evening hours."

Stevenson was sent to Edinborough University, where he took a very indifferent course, caring little for lectures and the routine drill of college life. However, here he found a friend, Fleming Jenkins, one of his professors. The acquisition of this friend was worth as much as a diploma, with which the reader will agree, if he but read Stevenson's biography of this worthy man. Of his course in the University Stevenson writes, "No one ever played the truant with more deliberate care, and no one ever had more certificates for less education." During this period he read omnivorously of books, but not of those on the University course. For a list of his early favorite authors, read his "Penny Plain and Two Pence, Colored."

Being repelled by the stuffy atmosphere of the lecture-rooms, which aggravated his malady, and by the dry-as-dust discourse of many of his professors, he sought the great out-of-doors, particularly the country, and the squalid and out-of-the-way parts of the city. He was fond of haunting the wharves and nearby saloons, listening to the tales of the sailors and vagrants. It may be said that one article of his creed was:

"There is so much bad in the best of us,
And so much good in the worst of us,
That it ill becomes any of us
To find fault with the rest of us."

That he made a study of this mixture of good and evil in human nature is proven by that remarkable story of his, "The Strange Case of Dr. Jeykll and Mr. Hyde."

. . . . . .

In 1871 our author began the study of law, and was admitted to the Scottish Bar in 1875. He engaged in but one case; then he abandoned law for literature, to which he gave his heart and soul.

Among his first excursions into the realm of literature were the stories of two excursions he took—the one with the donkey in the mountains, and the other in company with a friend, each in a canoe, down the Scheldt. The story, however, which brought him into strong light, written thus early, was "Will o' the Mill." He followed these efforts up with a collection of other short stories of a somewhat different type. "The New Arabian Nights," and "The Merry Men" placed him in the ranks of Edgar Allen Poe, Nathaniel Hawthorne and Bret Harte as a writer of short stories.

In 1881 appeared "Virginibus Puerisque." The third essay in this book I must commend to all young doctors and nurses contemplating. It is entitled; "Falling In Love." In 1882 the reading world turned from Howell's fine story, Silas Lapham, of the realistic school, to that romance, "Treasure Island." It is related that Gladstone devoured it in one sitting. In this same year appeared several essays on Burns, Whitman, Thoreau, Villon, Pepys, and two or three others. By this date he had established his reputation as "the head of a school and an influence in literature of pronounced import." But at this critical period, owing to his pulmonary condition, he was again ordered South—first to the South of France, later to the South of England. But his illness did not deter him from working (he believed in Ergotherapy). He labored assiduously. Even when he lay, ordered even not to speak, he would dictate stories on his fingers by means of the deaf and dumb alphabet. Outcome: "Child's Garden of Verses," which, says one enthusiastic admirer, "took the literary world by storm."

Between 1883 and 1885, in collaboration with Henley, he wrote several plays. In 1886 came "Kidnapped." In 1887 he came to America and took quarters with Dr. Trudeau at Saranac Lake. He never returned

to Europe again. A second collection of poems appeared about this time, "Underwoods." The next spring he went to California, bought a yacht in San Francisco, and set sail for the South Seas. After cruising about for three years he settled in his last home, Samoa. Here he bought an estate, built a house, and, with his wife, step-son, a few intimate relatives and thirty or forty servants, spent his remaining days.

The poor Samoans were suffering from too much government—England, Germany and France. For championing the cause of the Samoans Stevenson became the Beloved Tusitala.

On Sunday nights, with his family and servants gathered for worship, Stevenson offered up a prayer, which is often quoted. The writer of this article pinned a typed copy over his bunk in the Klondike in '98. The next morning, after breakfast, he found Stevenson's epitaph in script nailed alongside; placed there by the janitor of the building—a Scot. Here they are, for they are worth memorizing:

"We beseech Thee, Lord, to behold us with favor, folk of many families and nations gathered together in the peace of this roof, weak men and women, subsisting under the covert of Thy patience. Be patient still; suffer us yet awhile longer—with our broken purposes of good, with our idle endeavors against evil, suffer us a while longer to endure, and (if it may be) help us to do better. Bless to us our extraordinary mercies; if the day comes when these must be taken, brace us to play the man under affliction. Be with our friends; be with ourselves. Go with each of us to our rest; if any dream, be their dreams quiet; if any awake, temper to them the dark hours of watching; and when the day returns, return to us, our sun and comforter, and call us with morning faces and with morning hearts, eager to labor, eager to be happy, if happiness shall be our portion, and if the day be marked for sorrow, strong to endure it.

"We thank Thee and praise Thee; and in the words of Him to whom this day is sacred, close our oblation."

"Under the wide and starry sky,
Dig the grave and let me lie,
Glad did I live and gladly die,
And I laid me down with a will.
"This be the verse you gave for me:
Here he lies where he longed to be;
Home is the sailor home from the sea,
And the hunter from the hill."

As an illustration of Stevenson's work, style and substance, we quote the following:

From "Talk and Talkers" we get:—

"There can be no fairer ambition than to excel in talk; to be affable, gay, ready, clear and welcome; to have a fact, a thought, or an illustration, pat to every subject, and not only to cheer the flight of time among

our intimates, but bear our part in the great international congress, always sitting, where public wrongs are first declared, public errors first corrected, and the course of public opinion shaped, day by day, a little nearer to the right. No measure comes before Parliament but it has been long ago prepared by a grand jury of the talkers; no book has been written that has not been largely composed by their assistance. A good talk is not to be had for the asking . . . hour, company and circumstances must be suited . . . The genuine artist follows the stream of conversation as an angler follows the winding of the brook . . . he is rewarded by continual variety, continual pleasure, and those changing prospects of the Truth that are the best of education . . . There are few subjects . . . and more than half of them may be reduced to three; that I am I, that you are you, and that there are other people dimly understood to be not quite the same as either."

From "A Humble Remonstrance" on Art:—

"No art can successfully compete with life"; and the art that seeks to do so is condemned to perish *montibus aviis*. Life goes before us infinite in complication; attended by the most surprising meteors; appealing at once to the eye, to the ear, to the mind (the seat of wonder), to the touch so thrilling and delicate, and to the belly—so imperious when starved? It combines and employs in its manifestation the method and the material not of one art only, but of all the arts. Music is but an arbitrary trifling with a few of Life's majestic chords; painting is but a shadow of its pageantry of light and color; literature does but dimly indicate that wealth of incident, of moral obligation, of virtue, of vice, action, rapture, agony with which it teems. To "compete with life," whose sun we cannot look upon, whose passions and diseases waste and slay us—to compete with the flavor of wine, the beauty of the dawn, the scorching of fire, the bitterness of death and separation—here is, indeed, a projected escalade of heaven; here are, indeed, labors for a Hercules in a dress coat, armed with a pen and dictionary to depict the passions, armed with a tube of superior flake-white to paint the portrait of the insufferable sun. No art is true in this sense; none can "compete with life"; not even history, built, indeed, of indisputable facts robbed of their vivacity and sting; so that even when we read of the sack of a city or the fall of an empire, we are surprised, and justly commend the author's talent, if our pulse be quickened. And mark, for a list differentia, that this quickening of the pulse is, in almost every case, purely agreeable; that these phantom reproductions of experience, even at their most acute stage, convey decided pleasure; while experience itself, in the cockpit of life, can torture and slay.

"Life is monstrous, infinite, illogical, abrupt, and poignant; a work of art, in comparison, is neat, finite, self-contained, rational, flowing and emasculate. A proposition in geometry is a fair and luminous parallel for a work of art. Both are reasonable, both true to the crude fact; both inhere in nature, neither represents it."

Nujol

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prospects of the Truth that are the best of education . . . [illegible]e few subjects . . . and more than half of them may be reduced to three; that I am I, that you are you, and that there are other people dimly understood to be not quite the same as either."

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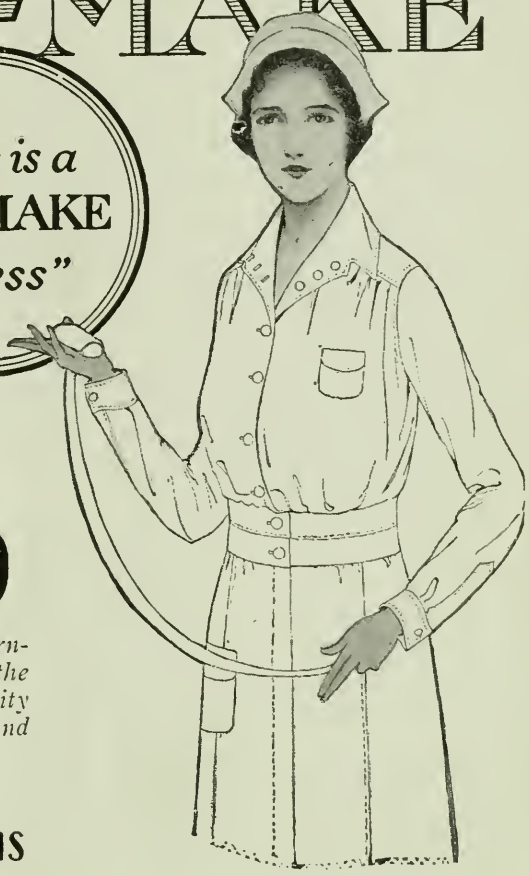

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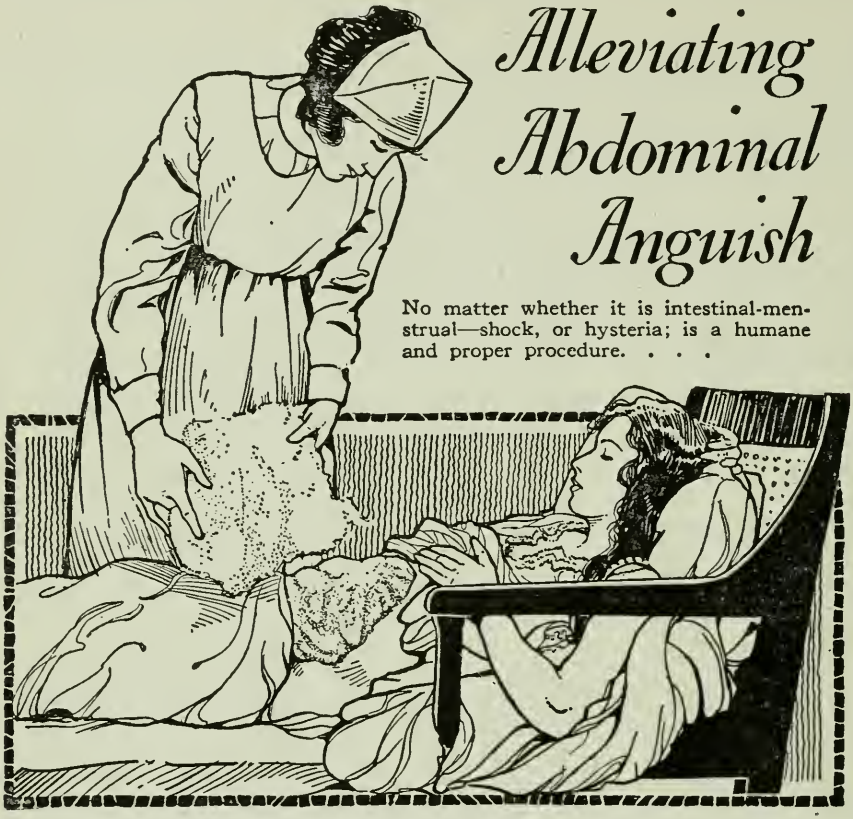

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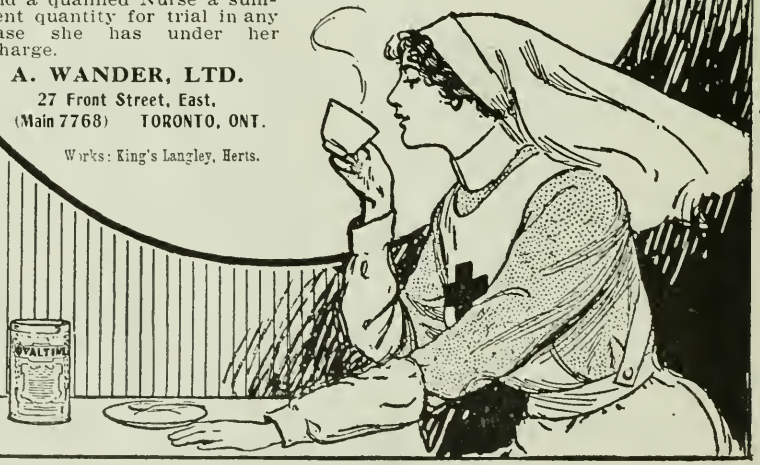

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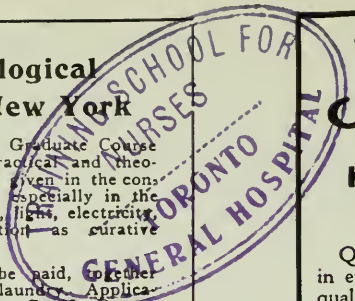

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Page

Child Welfare 341
Public Health Nurse as an Organizer in a Rural Community 344
History of Registration in England 346
The Later Experimental Work on Vitamines 349
News from the Medical World 353
Public Health Nursing Department 356
Department of Nursing Education—
Points to be Considered in Nursing Education 359
School Inspection Work among the New Canadians..... 361
The Hourly Instructor 366
The World's Pulse 369
C. A. M. C. Nursing Service Department 371
Hospitals and Nurses 375
The Entertainment (A Midsummer's Idyll) 378

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Child Welfare.

(BY JEAN CROSBIE, R.N., PUBLIC HEALTH NURSE, GRANDE PRAIRIE.)

Given before the Red Cross Convention, January 22nd, 1921.

I believe I am quite justified in assuming that nothing in this great big world is of more importance than the lives of our little children, and also that every member of this gathering is quite agreed with me upon this conviction.

Probably at no time since the Divine command, "Suffer the little children to come unto Me," has the child occupied the centre of public attention as in this twentieth century; and to those of us who have been denied the privilege of living our childhood in the Child's Era, is being granted many compensations in the opportunities to do for these little ones in education and in practice the things which some of us may realize would have meant so much to us as children.

The only reflection, if any, upon our Child Welfare movement is, that we delayed any attempt in this line until the necessity was forced upon our too slowly awakening public consciences by the alarming infant mortality, by the undeniable results of Child Welfare work in other countries in decreasing infant mortality, and also, no doubt, by the civil purport of the two words, "Physically Unfit." All this, however, is of

the past, and having once awakened, I think we have reason to be proud of the steady progress made in the efforts of our provincial, and various other city health departments, the Red Cross and other organizations, towards the improvement of all conditions affecting child-life.

No doubt many problems had to be met and overcome before the much needed "Better Babies' Clinics" could be realized, and, by the way, the aptness of that name, were it applied to the Provincial Clinics, might be emphasized by the following incident:

A little woman brought to the Medicine Hat Clinic, recently, a baby about five months old, which cried so incessantly that the mother, in despair, was thinking of selling out and going back to her people in England with the baby, until it had outgrown, or improved, its habits. I may also state that its cost to the parents was $19.00 a month for food and drugs. Following Clinic instructions, the child was a "Better Baby" in less than a week, and the only expense involved was the cow's milk and sugar required to make it so.

That the mothers and babies of pioneer districts may no longer be at the mercy of ignorance and carelessness, women fully qualified to care for them are being sent to isolated districts in increasing numbers. In all this general interest in babies the school children are by no means being forgotten, and much effort, through educational and other methods, is being taken to develop them into healthy, happy citizens.

May I illustrate this last statement by two cases from Grande Prairie district. One boy of fourteen, from a school only five miles from town and doctor, was found with a nose completely blocked from deviated septum and bony growth. He was backward in school, unable to enjoy play and exercise, besides that worst of all afflictions to a school boy—a facial disfigurement, the butt of thoughtlessness and jests by the other children.

A visit to the home proved that the mother, while quite aware of existing conditions, had always dreaded the obvious result of a visit to the doctor; and when the nature of the case, and the simpleness of the operation was explained, had the boy attended to right away. Another boy, in the High School in town, was found undersized and unable to play in games out of doors because of inability to breathe. A rather unusual condition existed by which the nasal passages were completely closed at the pharynx, and again the parents had dreaded surgical interference. He, also, had the defect remedied, and I venture to say they will both be healthier, happier boys when I make my return inspection.

A feature of School Health Inspection, perhaps not generally realized, is the endeavour to teach the importance of fresh air, sunshine and cleanliness as the guideposts to health. In our hospital training school the simplest way to remember the root of all evil or disease was to recall to mind, the three D's—Dirt, Darkness, Dampness; but in school for children we want to get away from the three D's and impress the fact

that there are three H's—Health, Hygiene, and Happiness, brought about and maintained by the above mentioned requisites, fresh air, sunshine and cleanliness.

Personally, I have never felt that a very lasting impression of this teaching could be made in the widely scattered districts where visits are, of necessity, infrequent, unless the teacher, voluntarily, carried on the lesson, or suggestion, left; and then one must be careful of interfering with the curriculum of the school in suggesting honour rolls, etc. So you may imagine it was with more than impersonal interest that I welcomed the Junior League organization in our Grande Prairie school, since we all know that whatever the children do of their own free will they will do sincerely, and I hope, eventually, to make a successful campaign for the three H's through the Junior League.

Then, also, the League familiarizes the children with methods of organization that are of benefit to them in after life, as each room organizes its own branch, has its own president, secretary, treasurer, etc., they in turn electing a branch president, secretary, etc., who report to the junior superintendent, or meet the advisory committee of adults, regarding any special work they are undertaking. That the work may not put additional strain upon the teachers, the advisory committee and junior superintendents are seldom of the teaching staff, and all meetings are held before or after school hours.

And last, but by no means least, is it not fitting, in these days when so much is being done for the children, that they, in turn, should develop an interest in the other child, who may be handicapped at the very outset of life. I think so. And the Red Cross, with all its idealism and self sacrifice of which it has ever been emblematic, is the most fitting channel through which to teach the coming generation something of the spirit of love and sympathy to others less fortunate in the struggle of life; that spirit which was kindled by one whom you may recognize in the following verses:

"At Chelsea, under the lime trees' stir,
I read the news to a pensioner
That a noble lord and a judge were dead;
'They were younger men than me!' he said.

I read again of another death,
The old man turned and caught his breath—
'She's gone?' he said. 'She, too? In camp
We called her the Lady with the Lamp.'

He would not listen to what I read,
But wanted it certain—'The Lady's dead?'
I showed it him to remove his doubt,
And added, unthinking, 'The Lamp's gone out.'

He rose—and I had to help him stand
There, as he saluted with trembling hand
I was abashed to hear him say,
'The Lamp she lit is alight to-day!'"

Public Health Nurse as an Organizer in a Rural Community.

By Beryl Knox.

Read at the C.N.A.T.N. Convention, 1920.

The value and success of Rural Public Health Nursing, more than any other branch, depends on the organization behind it. Therefore it is the first duty of the Rural Public Health Nurse to secure a safe and comprehensive organization, which must of necessity consist of representatives from all existing organizations such as the Local Medical Society, the Ladies' Aid Societies, the Local Council of Women, the Independent Order of the Daughters of the Empire, the Women's Institutes, and so on. I feel that it is just as important to have the support and interest of the men of a community as it is to have that of the women, and in this connection think that in addition to the various societies it is advisable to interview all the business men in the district. Their interest and hearty co-operation will smooth away many of the difficulties which arise in any organization.

Also, I think that you will agree with me that the physician will ultimately be the best friend of any public health work, although at the present time this seems rather doubtful. However, assuming that while educating the public we will through perseverance and tact obtain the support and co-operation of the medical profession throughout the Dominion, it is advisable when starting in a new community for the nurse to visit the doctors and enlist their interest in her work, making them feel that it is impossible to organize and carry on any work without their help and sympathetic interest. Many of them will feel at first that the Public Health Nurse is interfering in their work, and that she is absolutely unnecessary to the well-being of the people. They will say they have managed very well without such help in days gone by and that it is merely a fad; that the foundation of Community Health is not an efficient Public Health Nursing Service. Nevertheless this is a fact, and it is the forte of the Nurse to tactfully bring the doctors around to her point of view. Without this, any effort will be useless, and all work performed under such influences will come to naught.

Then, again, a thorough study of the community and its needs is essential. It would be fatal to attempt to form any type of organization or to contemplate any work along particular lines without first making a diagnosis of the situation and trying to find the specific treatment for the

problems presented by it. To insure the success of the work, it is essential that the organization should have both lay and professional members. This is self-evident and I think needs no explanation.

Public Health Nursing is a profession of many branches, therefore the Public Health Nurse must be many things besides a nurse. She must be a teacher in every sense of the word, a social worker, in fact it seems she must be all things to all men. Especially is this so in a rural community, where she may be the first and only social agent. To interest the rural people in the work she is doing is often a very big problem, totally different to that presented in a large center, but one which she cannot afford to overlook. This means, then, that she must hold community meetings to tell them what her work is and how it will benefit them. You will readily see that to be well equipped for her work she must be a fairly good public speaker, able to present her subject in a convincing manner. Then there is the gathering of vital statistics—in most cases a very wearisome and thankless job. It is very hard indeed to make Mrs. Blank understand why it is important to have John's birth registered, because she cannot see that it is of vital importance to the country that there should be accurate birth registration. She must know how to prepare attractive exhibits. She must have some knowledge of social case work as related to problems arising in the home, due to sickness, poverty and other social conditions. Also she must know all the institutions dealing with the different phases of her work.

All this she must know besides nursing, in order to always present her subject clearly and concisely. In fact, she is an educator as well as an organizer. In other words, her ability to interest others in what is needed in the community will be her greatest asset in getting what is required.

It may seem that I have presented an almost divine person with qualifications impossible to attain, but this is not so. Nurses in isolated districts have done and are at present performing such varied duties and proving very successful.

"The fields are fair beside them,
The chestnut towers in his bloom;
But they—they feel the desire of the deep—
Fall, and follow their doom."

The Voice and the Peak.

History of Registration in England.

The British Nurses' Association was formed in 1887, and I think was the first organization of nurses in England. The hospitals' association directors, who were all men, had a committee on nursing and domestic management, with a subsection, on which hospital matrons were placed. This Hospitals' Association proposed a register of nurses, which would really have been a domestic arrangement of the different hospitals concerned. The matrons asked for a three years' certificate of training for this register, but were refused by the directors, who set one year's training as sufficient, so the matrons all resigned in a body, and thus the long contest for registration began, which lasted thirty-two years.

The British Nurses' Association aimed at professional registration under a Royal Charter. They were granted the charter (the first time ever granted to a body of women). They then took the medical men into full voting membership, thinking this would greatly assist in their aim, but they were sadly disappointed, as it really led to their defeat, for they were betrayed by one of the men, who, through the skillful use of a parliamentary trick, brought the Royal British Nurses' Association under the control of a small majority, which carried a resolution against state registration, and not until 1904 did the British Nurses' Association succeed in throwing off this control.

The nursing leaders then tried to promote new groups under democratic forms of organization. The progressive matrons joined the Matrons' Council of Great Britain and Ireland, which had been formed in 1894. They developed self-governing leagues and co-operative clubs, and the younger nurses formed the National Union of Trained Nurses. In 1902 a State Society for the Registration of Nurses was formed to frame and support a Registration Act in Parliament. This Bill was introduced in 1904, but never reached its third reading. In 1908 another attempt was made and was favourably received in the House of Lords, but did not reach the House of Commons. The Registration group was then reinforced by the Royal British Nurses' Association, and in 1910 a Central Committee was formed, which represented by delegation all the Nursing Associations and the British Medical Association, comprising no less than thirty thousand medical practitioners and nurses. From this time, until the war broke out, they worked intensively to get registration through. After the war began the Central Council still tried to get parliamentary recognition, but a more perplexing condition arose. The Matrons' Council (including members from Scotland and Ireland) had for a long time publicly advocated a higher institution for graduate nurses where they could secure post-graduate training in various subjects to fit them for the many new demands made upon the nursing profession. In 1901 Mrs. Bedford Fenwick had outlined the structure of a College of Nursing, and in 1912, at a Congress in Cologne, she had further elabor-

ated her views and publicly urged them. The result was that organized nurses proposed a national memorial to Miss Florence Nightingale of this character, providing a Women's College in England would adopt it as Teacher's College had adopted the American Nurses' plan. Before this could be carried out an announcement was made that a college for nurses was to be established in connection with King's College, London, in commemoration of Florence Nightingale, to be controlled mainly by the Nightingale Foundation. Nurses soon realized that their association would be given little power to guide the new courses. The Constitution of the College provided for the election of nurses on directing committees, but only as individuals, and no self-governing society of British nurses was consulted and no recognition accorded to the organized profession as such. Almost immediately the college declared for State Registration, not supporting the British Nurses' Association Bill, but advancing its own, and in one of its circulars it said: "The Council of the College of Nursing had drafted a Registration Bill which provides that the register already formed by the College of Nursing shall be the first register under the Act. If, therefore, you are on the college register, you will automatically and without further fee be placed upon the State Register when the Nurses' Registration Bill is passed. After the war the struggle between the College and the Central Committee was finally ended by Dr. Addison, the new Minister of Health, announcing that the Government would introduce a bill for the registration of nurses. This Act was passed in December, 1919, and in January, 1920, a Thanksgiving service was held in London as the Nursing Profession of Great Britain were deeply thankful that the long fight was won at last. The nurses of the United Kingdom were very disappointed in not all being registered under one act, but, when the Minister of Health brought in a Government measure, his jurisdiction only extended to England and Wales, and therefore he could not initiate legislation in Scotland and Ireland.

There still seems to be some disagreement regarding the rules for registration between the General Nursing Councils of England and Wales, Scotland and Ireland. The General Nursing Council of England and Wales (which is the statutory body set up by Parliament) consists of 25 members, appointed as follows: 2 appointed by the Privy Council (not doctors or nurses and not connected with nursing); 2 appointed by the Board of Education (interested in educational matters); 5 appointed by the Minister of Health (familiar with hospital work, but not doctors or nurses); 16 appointed by the Minister of Health (after consulting nursing organizations).

The General Nursing Council of Ireland consists of fifteen members: 6 appointed by the Chief Secretary for Ireland (not nurses); 9 appointed by Chief Secretary for Ireland (nurses).

The General Nursing Council for Scotland consists of fifteen members: 1 appointed by the Privy Council (not a nurse); 1 appointed by the Board of Education (not a nurse); 5 appointed by the Minister of

Health (nurses); 8 appointed by the Minister of Health (nurses).

The first Councils are to serve three years, and after that subsequent Councils will serve five years. After the first term of service the nurses on the Councils will be for the future appointed by the newly Registered Nurses' Associations of England and Wales, Scotland and Ireland, respectfully. The Act in England and Wales, Ireland and Scotland covers nurses trained in general hospitals, children's hospitals, and mental hospitals, but it is necessary for those trained in the children's or mental hospitals to round out their training. Nurses registered in any part of the British Empire may register in England, providing their standard is equivalent. All the General Nursing Councils have the same reciprocity clause extending registration to each other and to the British Dominions. For the first two years nurses may register without examination. The College of Nursing claims the credit for securing state registration for nurses, and Sir Athur Stanley, Chairman of the College of Nursing, Limited, made a statement to the effect that the College would make the standard for the future. This is a very misleading statement, as this work falls to the General Nursing Councils. The Royal British Nurses' Association and the College of Nursing did keep a Nurses' Register, but now that State Registration is enforced, the usefulness of these registers is past.

In December, 1919, at the close of a Conference on burning questions held in London, a resolution on the rules for State Registration was adopted, requesting equivalent standards of qualifications for registration between the General Nursing Councils of England and Wales, Ireland and Scotland, and that the maximum fee of one guinea provided in the Act should be charged to all candidates for registration, as the national work of the councils cannot be self-supporting on a lower fee. This was forwarded to the Minister of Health. The General Nursing Council of England and Wales are firm on one point and that is "One Portal System for all." It had been suggested that supplementary registers should be established for cottage nurses under State authority, and it was also suggested by the lay nursing press that there should be a reversion to two grades of nurses, but this would be unfair after the long struggle for State Registration.

As soon as the Register opens, a bulletin will be issued containing: (1) Rules and Regulations, (2) Accredited Schools for Nurses, (3) The Nurses' Registration Act for England and Wales. A badge and certificate will be issued each registered nurse.

Any nurse holding a certificate of registration from the College of Nursing is not a State Registered Nurse. National registration, to be reciprocal in any of the King's Dominions, must carry the sealed certificate of one of the General Nursing Councils set up by Acts of Parliament. The College of Nursing, Ltd., had no right to make a statement that without further fee a nurse's name would be placed on the State Register of Nurses. Parliament has definitely declined to recognize this. Every

member of the College has to make separate application for registration to the General Nursing Council, and must pay the registration fee. It is expected that the registers will shortly be opened.

MARY E. GRIDLEY.

The Later Experimental Work on Vitamines.

A Lecture Delivered at the Virol Research Laboratories to Nurses and Health Visitors on April 23rd, 1920

By A. KNYVETT GORDON, M.B. (Cantab.)

In addressing you to-day on the subject of the bearing of some of the recent work on accessory food factors, or Vitamines, as they are popularly called, I do not propose to discuss the details of the experimental evidence, but rather to indicate broadly their practical bearing on the problems with which you, in your daily—and, may I say, most useful—work, are frequently confronted.

Let me first review the history of the subject during the last few years. Only a very short time ago dietetics was not recognized as a science at all by the average person. In fact, it consisted in a collection of opinions—which could hardly even be called pious—based on very little but personal fads, and characterized by a tendency to differ widely on every important point.

It was pretty much the same, or perhaps worse—because the victims could not complain—in the practice of infant feeding, where a long list of modified milks and patent foods bewildered the unfortunate nurse and vied with the pin under the binder in the production of abdominal emergencies. Much work, even at this time, had been done in the physiological laboratory, on the comparative value of foodstuffs, but it had not penetrated either to the consulting room or the nursery to any valuable extent.

Then came the war with its shortage of some articles and expensiveness of many more, and we began to think of food not in kind but in calories, and we bought it for its value to the body in the production of heat and energy rather than for its palatability. Beef gave place to beans—with or without the exiguous portion of transatlantic pork.

But the pendulum, as usual, swung too far, and there was a tendency to think that so long as the body got its proper quantity of fuel—for that is what the caloric point of view came to—it did not matter very much what we started the fires with.

Then the public discovered the physiologist, in much the same sort of way, by the bye, as a certain daily paper published a sensational ac-

count of the recovery of a patient after tracheotomy for diphtheria some fifteen years after every resident in a few hospital had been doing it successfully in his daily rounds. Vitamines, therefore, became popular.

Now let me sum up the position. If a young animal is fed on a diet consisting of chemically pure protein and carbohydrate together with either cooked fat such as lard, or purified vegetable oil, in quantities more than sufficient for its daily output of heat, energy and tissue waste, it is found that it soon *ceases to grow* and *its resistance to bacterial infection is lowered.* Furthermore, it may develop rickets, scurvy, or a variety of peripheral neuritis akin to the disease known as beri-beri. If now this diet is supplemented by a very small quantity of fresh milk, growth is renewed and these diseases disappear. That is the broad outline of the basal facts. I show you slides of two curves illustrating the growth of young rats on the pure diet with and without the fresh milk supplement.

Further research showed that there were three essential principles in the fresh food, to which the name of vitamine was given, namely: "Fat soluble A," which is responsible for growth, resistance to infections, and for the prevention of rickets; "Water soluble B," for prevention of neuritis, and probably also partially concerned with healthy growth; and "Water soluble C," for the prevention of scurvy.

The distribution of each of these principles has been worked out and is given in a very valuable table in the pamphlet on the subject recently published by the Ministry of Health, which I advise you all to read. I need not now give the details, but I may remind you that Fat soluble A is present in fresh animal fats, but absent from those of vegetable origin; it will stand a temperature of boiling point for a short time in a closed vessel (*i.e.,* without much exposure to air), but is destroyed by prolonged heating. Fresh milk and lightly boiled eggs therefore contain it. The animal derives it originally from fresh green vegetables and stores it up in its tissues, but to obtain a sufficient quantity of it direct from the vegetable kingdom we should have to eat larger quantities of cabbages, etc., than our intestine could possibly accommodate.

The Water soluble B factor is found mainly in the germ or outer part of grains—which incidentally is removed in the preparation of white flour—and in meat. It is remarkably resistant to heat and will stand all ordinary cooking.

The Water soluble C is present in fresh vegetables, and notably in fresh fruits and their juices—lemon juice being about the best—but it is destroyed by even a slight amount of heat and is therefore absent from all cooked foods and from lime juices, lemon syrups, etc., that are boiled in the course of manufacture, as most of them are.

Coming now to the practical application of these facts to the feeding of human beings, we may clear the ground somewhat by pointing out that the problem really resolves itself into the supply of fat soluble A

for infants and growing children. Both the water soluble B and the antiscorbutic C are sufficiently widely distributed in foods to give us no anxiety in ordinary diets, and adults do not require vitamines to such an extent, as the necessity for providing growth does not develop after childhood. Moreover, the diet of grown-up people is much more varied. So we will pass to the question of fat soluble A in children, with the note that if infants are to be fed on dried or otherwise prepared milk, the antiscorbutic vitamine must be supplied—as it usually is—by some fresh fruit juice.

Let us then consider fat soluble A for children more closely. Do they always get it? If they can command a sufficient quantity of fresh milk or of butter they do not suffer, but is this always possible? For artificially fed infants, milk is sometimes boiled, which may easily destroy the factor altogether. In dried milks, while it is *possible* to preserve the fat soluble A, there is considerable doubt whether this is always done. It depends on the degree and duration of the heat to which it is subjected, and, so far as my information goes, both these factors vary considerably. From what I learn from physicians and others who have a large experience of infant feeding, it seems to be agreed that a baby does not thrive on dried milk alone. When we pass the age of infancy, and poverty exists, milk and butter become prohibitive. How many poor children get even half a pint of fresh milk a day, or any butter or eggs at all? They eat margarine instead.

Until recently the manufacturers were compelled to add a proportion of animal fat to their margarine, but—unhappily—that proviso has been withdrawn. Inasmuch as animal fat is much more costly than vegetable oils, I leave it to your imagination whether a commercial undertaking will continue to use it!

But there is another factor. Formerly it was impossible to use low-grade vegetable oil, because the resulting margarine was not sufficiently firm, and the taste and smell of the oil survived. Nowadays, however, it is possible to make margarine out of almost any oil by subjecting it to a high temperature and forcing hydrogen through it under pressure, which not only removes all taste and smell, but makes the finished product firm and white. Consequently, people who formerly disliked margarine now consume it with avidity. From the point of view of the production of heat and energy this is satisfactory, but it can contain no fat soluble A whatever, and in practice does not. So if a child gets little butter and milk, or none at all, we must add fresh animal fat in some form or other to its diet. Lightly boiled eggs are useful, but how many poor children get eggs?

Now let us consider the result of this deficiency of fat soluble A. Firstly, the children cannot grow properly: that means a stunted race. Then we have the question of rickets. In a recent inspection of London County Council school children it was found that no less than 80 per cent.

showed signs of that disease; and I show you photographic slides of a puppy fed on a diet containing vegetable oil as its source of fat, and showing marked bending of the bones, which is visible not only on the direct view of the whole animal, but also in the X-ray photographs of its legs. When cod liver oil was substituted for the vegetable oil the rickets was cured. This must not be taken, incidentally, to mean that cod liver oil is necessarily suitable for children. Many cannot digest it at all, and it is therefore useless and cruel to give it. Secondly, their resistance to infectious disease is concerned, and this hits not only the individual, but is responsible for much of the extent and severity of microbic diseases —not only the infective fevers, be it noted, but tuberculosis also. Examples are within the experience of all of you. The recent epidemic of influenza took a heavy toll in death and invalidism; and the children's hospitals get more tuberculosis than ever they did, especially, as I am told, tubercular peritonitis.

How does the fat soluble A increase the resistance to infection? Personally, I think, by raising the nutrition and numbers of the white blood corpuscles. I do not wish to lay undue stress on this point, because the experimental work is not yet completed; but I may, perhaps, show you two photographs from preparations of my own. The first is one microscopic field of the blood of a rather weakly rat, not on a deficiency diet, but just a puny animal. You will notice that it contains only one white blood cell. To the diet a proportion of Virol—which was taken as the most convenient and most easily digestible source of fat soluble A— was added. The physique of the rat improved markedly, and three weeks later its blood was again photographed, and you will see that the same type of field now contains six healthy white cells. I need hardly say that care was taken to secure a correct average by counting a very large number of cells in each case.

So far, you may perhaps have the opinion that so long as fat soluble A is present, it does not matter of what the rest of the diet is composed, but this is not so. You must also have a proper balance of all its constituents. This is well seen in the case of rickets, where it was found that if a puppy ate an excess of starchy food it became rickety, even though it was receiving fat soluble A. The moral of this I need hardly point out to anyone engaged, as you are, in the practical feeding of infants and children. Do we not all know the fat baby, the pride of its parents —and perhaps taking a prize in a baby show—fed on some of those abominable starchy foods? Its arms, legs and teeth show a degree of rickets that would make it an excellent illustration of that complaint in a text book of children's diseases. Of older children, many, as you know, get too much starch, because it is the cheapest form of energy. As regards infectious disease, too, it is common knowledge in fever hospitals that those fat, starchy children stand scarlet fever and diphtheria much worse than the normal or thin subject. No, we must have balance as well. Man is a mixed feeder, and the arrangement of his alimentary canal is an

object lesson against the "arian" of any type. Nor must we forget that a food must be both digestible and palatable. Many animal fats are not. Children, as you are aware, usually leave the fat from their meat on their plates, in which their instinct is correct. Nor is the bacon fat of the present time much better. It is very doubtful whether it contains any fat soluble A, and it is so nauseous that I really wish it were relegated to its transatlantic home. It were better left for those adults whose stomachs are more capable of the herculean task of digesting it.

To sum up, in your work amongst children and infants, make sure, firstly, that their diet does contain the essential vitamines; but do not let their value be diminished by any improper balance of the other essential factors, or hindered by indigestibility.—*The British Journal of Nursing.*

News from The Medical World

By Elizabeth Robinson Scovil.

Cod Liver Oil.

In an interesting report in recent studies of the value and effects of cod liver oil, it is stated that it is reasonably certain it alters the calcium balance in such a way that calcium is retained in the body. It increases the capacity of the skeleton to take up or hold calcium. This fat contains a liberal portion of vitamin A, the fat soluble food necessary. It is believed to be of unequalled value in the prevention and cure of rickets. Even the refined oil is far richer in vitamin A than butter is. If it is only thirty times richer, the dose may be measured in drops instead of ounces.

The Cost of Typhoid.

A recent typhoid epidemic at Salem, Ohio, is estimated to have cost approximately $450,000. This loss was due to an entirely preventable cause. Tile pipe had been used for the transmission of the water supply because it cost $1,500.00 less than iron pipe. The pipe was broken and the water became contaminated with typhoid germs.

A Garden Sanitarium.

A bill has been presented to the House of Commons at Ottawa advocating the establishment of sanitariums for the returned soldiers suffering from tuberculosis. They are to be similar to the Garden Colony in England. Out of 100 men sent to that institution, many being serious cases, only one death has been reported. A farm on the mountain near

Hamilton has been acquired, and there are now forty-five cases there under treatment.

De-Population of the Country.

An English authority says that in spite of natural tendencies the British people, under the influence of commercial development, have been steadily forsaking the fields and flocking into the towns until the depletion of the country-side is one of the great tragedies in our history.

The Good Effects of Tea.

Dr. M. A. Starr, of New York, says that there is an excellent reason for the prevailing use of tea, more especially in the late afternoon, when the fatigue of the day renders a mild stimulant desirable. It is not harmful in moderation. After its use there is a more rapid train of thought, an increased association of ideas, keener appreciation of things read, or heard, or seen, and a mental stimulus estimated as an increase of mental activity during the first hour of from 5 to 7 per cent. There is a sense of increased power, which is attended by pleasurable sensation, a feeling of brightness, cheerfulness and mental activity.

Sugar in Infant Feeding.

A French physician advocates an increase of sugar in infant feeding. He has found it useful when the food has to be restricted in fats and proteins and when forced feeding is necessary. Highly sweetened food has at times arrested vomiting, a few spoonsful of very sweet boiled water being used. The weight is often brought up to normal when the food is made very sweet and the sugar seems to be well borne. It appears to lessen diarrhoea when that is present.

Public Health.

The health department of New York City and State have adopted as their motto, "Public Health is purchasable. Within natural limitations a community can determine its own death rate."

Feeding the Baby.

A correspondent of the Journal of the American Medical Association gives some valuable advice on this subject. He says it is almost impossible to overfeed a baby on breast milk, or a reasonably appropriate mixture, if a three-hour interval is allowed between meals, because the baby will not take more when it has had enough. As a food he prefers boiled simple milk dilutions with dextrimaltose gradually added, in a few days, up to the maximum of four level tablespoonsful for a child under 10 pounds and six for the child over 10 pounds. "Simplified Infant Feedings," Bennett, New York, 1920, is recommended as a guide.

Cessation of Nursing.

The same authority states that milk can readily be brought back to the breast after a month of weaning, and often after two or three times

that length of time. It is a matter of weeks, not hours, for the milk to disappear and the breast cease to function. Perseverance will usually restore it.

Ether in Whooping Cough.

An Italian physician reports favorable results from the injection of o. 5. to 2 c, c, of ether deep into the gluteal muscles in cases of whooping cough. From three to six injections were made, beginning at the sixth to fifteenth day of the disease. The ages were from 6 to 11 years. The treatment has kept up from six to twelve days, making the injections every second day. The first may be a little painful; the spot is massaged first with a little ether and alcohol. These never have much swelling nor any suppuration. The vomiting stopped as if by magic, the paroxysms were milder and gradually ceased altogether.

The Foreigner at Home

(A Bit of English Landscape in Travelling from England to Scotland)

"The change from a hilly to a level country strikes him with delight and wonder. Along the flat horizon there arise the frequent venerable towers of churches. He sees at the end of airy vistas the revolution of windmill sails. He may go where he pleases in future; he may see Alps and pyramids and lions; but it will be hard to beat the pleasure of that moment. There are, indeed, few merrier spectacles than that of many windmills bickering together in a fresh breeze over a wooded country; their halting alacrity of movement, their pleasant business, making bread all day with uncouth gesticulations; their air, gigantically human, as of a creature half alive, puts a spirit of romance into the tamest landscape. . . The warm habitable age of towns and hamlets, the green, settled, ancient look of the country; the lush hedgerows, stiles, and priory pathways in the fields; the sluggish brimming rivers; chalk and smock-frocks; chimes of bells, and the rapid, pertly-sounding English speech—they are all new to the curiosity; they are all set to English airs in the child's story that he tells himself at night."—*The Hospital World.*

A drawer that runs hard and is noisy in opening and closing can be made to work smoothly if taken out and the edges thoroughly rubbed with hard soap.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elsie Wilson,
798 Grosvenor Avenue,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

MISS F. EMORY,
Chairman of Section,
City Hall, Toronto, Ont.

The following nurses recently graduated from Dalhousie University in the Public Health Nursing Course: Misses Frances Fraser, Dorothy Donald, Anna McDonald, Charlotte Brown, Mary Smith and Blanche Merlin, Margery Kerr, Gertrude Crosby, Janet Campbell, Christine McMartel. The Class President, Miss F. M. Fraser, entertained her colleagues at an afternoon tea at the Wagweoltic Club.

The executive officer of the Massachusetts-Halifax Health Commission announces a number of new appointments to the staff. Dr. J. A. M. Hemmeon has been appointed one of the attending ear, nose and throat specialists in the Health Centre and will attend clinics each Friday afternoon and operate each Tuesday morning.

Dr. Harry Morse has been appointed by the Commisison as special assistant in the Provincial Laboratory, under the direction of Dr. Nicholls. Dr. Morse will undertake special laboratory investigations in connection with the Health Centre and will be available to undertake laboratory investigations for physicians and health authorities of Halifax and Dartmouth.

Miss Francis Fraser, Miss M. J. Small, Miss Anna MacDonald and

Miss Dorothy Merlin, graduates of the class in Public Health Nursing receiving their diplomas, have been appointed to the Health Centre nursing staff. Miss Fraser will work from the Dartmouth Centre, the other three from Admiralty House Health Centre.

A special dental service is being organized by the Executive Officer of the Commission for the summer months. It will be under the advice and general guidance of the Consultant in Dentistry, Dr. Frank Woodbury and Dr. Arabella MacKenzie, a paediodontist at the pre-school age dental clinic in Admiralty House Health Centre. Appointment of Dr. J. S. Bagnall, as supervising dentist, and Dr. J. H. Lawley, first assistant, has been made. On the 9th of May these two dentists will begin work in the Infirmary of Dalhousie University. Two more men will begin work June 1st.

The School Board of Halifax has arranged to have the school nurses, during the latter half of May and June, make social investigations in the homes of children needing dental work and making engagements for their treatment in the Dental Infirmary. These nurses will give a month of summer holiday to this work.

The newly appointed school nurse will begin work at once in order to help speed up this campaign of dental hygiene.

Children having need of operation for the removal of adenoids and tonsils will be given the right of way in the dental hygiene clinic. In the beginning only children under ten years of age will be treated. Later in the summer perhaps the age limit may be raised to twelve years.

The same opportunities will be afforded the school children of Dartmouth, both in the dental hygiene and the nose and throat clinics. These special clinical services will be of great interest to members of the Canadian Medical Association who meet here in June, and will serve to demonstrate to the professional of Canada that Halifax is thoroughly awake to health needs.

It is doubtful if any vacations will be given the staff until August, when this period of special activity will have ended.

The monthly report of the Health Centres' work, just presented the Massachusetts-Halifax Health Commission, by the Chief Nurse, states that 486 nursing, medical and dental consultations were held in the various Health Centre clinics during April; 117 in the Child Welfare and Prenatal Division; 72 in the Ear, Nose and Throat Division; 14 in the special Psychopathic clinic for the disaster injured, and 87 in the pre-school Age Dental service. Fifty-five medical and dental clinics were held during April, eight of these being in the Tuberculosis clinic of the Halifax Dispensary. One hundred and sixty-nine new patients were registered for advice and treatment; forty patients in attendance during previous months were discharged during April. The public health field nurses made a total of 940 visits to the homes of persons utilizing the

Health Centres for advice. At the end of April 909 individuals were under health supervision.

Eleven classes in First Aid were conducted during April by representatives of the St. John Ambulance Association in the Health Centre at Admiralty House. On one occasion the First Aid Class was given an address on Public Health by the Red Cross Commissioner, Dr. Craig. On another occasion a talk on Personal Hygiene was given certificate holders of the St. John Ambulance Association by the chief nurse. Three classes in First Aid were held in the teaching room of the Dartmouth Health Centre. One public health talk was given to this class by Miss Patterson, the nurse stationed at Dartmouth. Outside talks given by nurses associated with the Health Centres during the month were as follows: Miss Keatings addressed the girls from Moir's factory on the 15th, Miss Graham addressed the A. M. E. church on the 24th inst., and conducted a well baby judging contest at the same church on Monday, the 25th. The chief nurse delivered an address at the annual meeting of the V. A. D's. The work of the Health Centres is growing so rapidly that the staff have difficulty in keeping up with the growth.

This recent act in Wisconsin may interest Canadian Public Health Nurses. This synopsis is sent out by the State Board of Health:

"You may know of the law creating Section 1411s of the statutes which has recently been passed and which places all public health nurses under the general supervision of the State Board of Health. The law has been published and is now effective. This in most cases merely gives official sanction to a condition which already existed.

We have, however, been unable to meet all of the demands of the nurses for advisory service, but with our increased appropriation for 1921-23 we will be able to add to our staff in order to give better service.

The law, in effect, provides:

(1)—That all public health nurses and health instructors not working under the supervision of a resident chief nurse shall within sixty days after July 1, 1921, *file with the State Board of Health their names and addresses with a statement of the kind of work each is doing and by whom employed.*

(2)—The qualifications of all public health nurses and health instructors who may hereafter enter such employment shall be determined by the State Committee of Examiners for Public Health Nurses.

(3)—After passing the examination the candidate will be certified by the State Board of Health to the employing body.

(4)—Monthly reports are to be made to the State Board of Health.

(5)—All blanks and forms used will be the standard ones outlined by the State Board of Health.

The State Board of Health is empowered 'to make such recommendation as will aid in the proper administration of the work.' Under

this clause the *advisory service of this Bureau* is established. Please feel free to call upon us for any assistance you need. Our field nurses will visit you occasionally and *will be prepared to asist you in any way desired.*"

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Points to be Considered in Nursing Education

By E. Nora Nagle, R.N.—Hamilton General Hospital.

The aim of the Schools of Nursing to-day is, to give to the people young women trained in the art of nursing—intelligent, observing young women who realize their power to help, and who are ready to do their part in the war of prevention which wages to-day.

To realize this aim and to prepare the pupil for all that is demanded of her, the Training Schools have become not merely institutions in connection with the Hospital, but Schools of Nursing in which the Hospital is the valued field of application.

The young women who enter the School as students come from varied environment, from every walk of life. There is great diversity of opinion, of attitudes to life—of development among them, but all hold in varying degrees of strength an ideal—the nurse. The previous education of the pupil, the good derived from it, and the use made of opportunities, makes each student a problem to be studied by those who accept the responsibility of her training. Knowing little, coming to this untried existence with a common purpose, makes the pupils pliable and receptive, and from this the building of a future is begun.

The power of the school is immeasurable, and every school of nursing, whether large or small, must realize its responsibility, and that realization must begin with the students' entrance into the school.

There must be some person or persons, then, whose interest is the pupil, only. The busy Superintendent or Directress of Nurses cannot be the one, nor the Supervisor with great Hospital responsibilities. It must be some one who can give thought and care to the individuality of the pupil. The Instructress has every opportunity of knowing her pupils, can study their possibilities and is able to assist in adjusting—during this first three months of difficult adjustment—the old abstract visions to the

new facts, at the same time keep their ideals ahead of them, preventing, if possible, the shadow it becomes from the wear of routine. The pupils usually find it easy to come to her with their problems, however small, for solution. During this receptive time, the Instructress lectures in anatomy, hygiene, chemistry, etc. These subjects are given, not entirely for the knowledge of facts gained, but serve as a means of developing thought and observation—a basis for the realization of experience. The pupil cannot appreciate valuable experience without this preliminary work. It is long, patience trying at times, and means, if the aim of the school is to be attained, much individual work—with difficult or unresponsive pupils.

If these subjects are taught by doctors or executives whose administrative duties are many and absorbing, much of the educational value that development brings is lost, and a knowledge gained becomes the only acquisition.

The Instructress follows the pupils' work in the wards, watches detail and application, helps in the guidance of difficulties, and in every way, through interest in the pupil and her work, tries with the Charge Nurse to relate ward conditions to class-room instruction. The Instructress must know the facts of cases in the hospital—new methods of treatment—the difficulties arising in the wards—so she may relate her lectures to them, or use such examples in illustration; so with the co-operation of the head nurses, the pupils may have every opportunity of all round advancement.

During the second and third years of the nurses' training, the same observation of work is carried out. The Instructress gives some lectures —attends those given by doctors—and is able, by questions, talks and correction of notes, to relate one subject to another—to clear doubt and to help in solving problems the pupils bring to her. She hopes at this time that the development of thought and observation, which has been much in her power, will have prepared the nurse to accept the responsibility of a graduate nurse in all its many phases to-day.

An Instructress is not a luxury gained by the larger hospitals, but a necessity, if anything a greater necessity to the small Schools of Nursing, for, as a rule, the medical men attached to the staffs of the small hospitals are busy practitioners, and, however much they may be interested in the pupils' training, long distances and irregular calls interfere with scheduled classes, even more in the country districts than in the larger or University Centres, where cancelled lectures at the last moment are unfortunately not unknown.

Every School of Nursing should have at least one specially qualified instructress, and when the hospital is not in a University Centre, (and consequently the difficulties of getting a good lecture course at all times is considerable), a second instructress should be employed, so that practically all the subjects, other than definitely medical and surgical lectures,

could, if necessary, be given to her. I was much struck by the remark of a superintendent of a small thirty-bed hospital who was looking for an assistant, and someone suggested that it would be better to have an Instructress. The Superintendent replied, "Why there isn't enough work for an instructress with nine pupils," and it is this attitude of hospital authorities not realizing that nine nurses in a small community are just as important as the ninety-nine in the large city that makes it so difficult for the small hospital to procure pupil nurses. I think there is a wonderful opening for a travelling instructress, who could teach such subjects as Anatomy, Chemistry and Bacteriology in several hospitals, if they could co-operate in drawing up their schedule of class-work.

I would like to touch, too, on the importance of supervisors and charge nurses co-operating with the instructress—by supporting her methods, seeing they are carried out in the wards, and never criticized unless to her, or in conference.

I have long felt the tendency to a gap between the lecture room and the application of what is taught there.

One of the advantages of two instructresses is, that it gives both greater opportunities of following up the teaching in the wards, and would favor a division of administrative duties, rather than one having no direct connection with the practical working of the hospital.

School Inspection Work Among the New Canadians

By Mima Russell.

Read at the Saskatchewan Registered Nurses' Association, 1921.

When Miss Urquhart asked me to tell you about my work among the new Canadians, I said yes, without realizing what was before me.

One gets used to saying yes when doing school hygiene work, so many unexpected things crop up.

At one of the school fairs recently, the inspector was unable to be present, and the committee thought, because I was connected with the Department of Education, that I could take his place. There was no one else to do it, so I had to go ahead and do my best, even to conducting three spelling matches. By the way, those children could spell.

I can talk for an hour now to parents about tonsils, adenoids and teeth, or to trustees about the condition of their schoolhouses, but it is a different matter speaking before a group of nurses.

If my talk is a little personal, I hope you will pardon it; I cannot well help it and tell what is being done in the Yorkton Inspectorate. A friend of mine recently went to hear a new clergyman preach, and the thing that impressed him most was his frequent use of the word "I,"

and before he realized what he was doing he found himself counting the number of times it was said.

Since hearing that story I always fear I, too, am too personal.

My work lies in the Yorkton Inspectorate, consisting of a territory 2,500 miles square, with 1,700 rooms to inspect. You can realize that it takes some time to cover the ground.

With the exception of Kamsack, Melville and Yorkton, the hotel accommodation is very limited, and it means long drives each day, consequently one cannot do as many schools as one would wish.

In some, in fact in many, of the schools the children are entirely new Canadians, and these schools are usually crowded 35 to 45 pupils for one teacher.

Certainly there is no lack of children in Saskatchewan, if it is all like the Yorkton Inspectorate.

Everywhere the schools are full to overflowing.

The question of finding suitable teachers for these new Canadians is one of the big problems of the Department of Education at present.

The living conditions in these rural localities is very trying at times. Often the teacher is the only English-speaking person in the district, and it must be very lonely not having someone to talk to in your own language.

I have often come away from a school feeling that if I have done nothing else I have helped the teacher. The fact of being able to talk over school difficulties with someone interested in the work lightens the burden a little.

The Department of Education, as some of you know, is urging the building of teachers' residences near the schools in rural districts, as it is so difficult for the teacher to find a comfortable boarding house

Quite a few of these residences have been built in the Yorkton Inspectorate lately and are proving an inducement to the teachers to stay longer in the district. The constant change of teachers is hard on the children and makes the work of the school nurses more difficult.

In Saskatchewan the need of teachers is so great that some are teaching on permits. These will be done away with in time.

It is somewhat discouraging, after persuading the teacher to get rid of the roller towel and common drinking cup, to go back later and find a new teacher and the old towel and cup in place again.

One can almost tell at a glance round the school whether the teacher has had the benefit of the hygiene classes in the Normal Schools of Saskatchewan. The teachers know the reason why health rules should be observed and try to follow out the lessons learned at Normal, in spite of their many difficulties with the trustees.

I seem to be dwelling a good deal on the teachers, but I never realized until I began school work how much the welfare of our country depends on the teachers in our schools. Some of the teachers in these new Canadian schools are doing as much missionary work as those in foreign lands and under more trying circumstances.

To the children in many of these schools the coming of the inspector and school nurse is an event in their lives. Though the first two or three examined may be nervous and afraid, the rest do not mind, as the children pass the word along that nothing hurts them.

They all want slips whether they need them or not, not understanding in many cases what the slips mean at first. In one school I visited where none of the parents could read English, the teacher, a Regina boy, had them translated into Gallician by one of the older scholars. This teacher, by the way, had been too young to go to the war, so when old enough gave a year to teaching in a new Canadian school as his contribution to his country.

We have great problems before us in this Canada of ours. Having brought the stranger within our gates, we must Canadianize them, or there is trouble ahead. We cannot expect to do much with the older generation. It is not easy to change when grown up, but our hope lies in the children. After working with them for over a year, I feel they are very much worth while. Many of them are clever and anxious to get on. Some of our brightest students in the collegiates are new Canadians.

The lack of water in this country is one of the handicaps in the teaching of good health habits to children. What's the use of telling the children to wash their hands before eating their noon-day lunch if there is no water to wash them with. It is hard to make some Trustees see the need of adequate water supply. By the time the children now in school are trustees, things will I hope be different.

Hygiene is being taught in all the schools now, and children are learning not only how to live well but the reasons for so living. It will take time to bring about results, too.

As an example of this, let me tell you of a boy I know 12 years old. His mother said to him one day: "Lindsay, why do you not practise some of the things you learn in your hygiene class in school?" His answer was: "O mother, I am not learning that for myself, but so that I can teach my children what to do."

The improper housing conditions is one of the chief causes of so many diseased throats among these children. The houses are sealed up all winter and the same air is breathed over and over again, no fresh air being admitted except when the door is opened to let some one in or out.

Those of you who have not looked down the throats of a number of

school children would be amazed at the sight of some of the tonsils I have seen. I thought I knew a good deal about tonsils till I came out here, but I assure you I knew very little—such tonsils I never saw before. How some of the children swallow is beyond me at times. As a rule I find more enlarged or diseased tonsils among the new Canadians, while adenoids are more common among English or Canadian children.

The teeth vary—they are either very good or very bad. I saw some beautiful teeth among the Doukhobors and Hungarian children.

There is great need for the work of a school nurse among these people. The response to the slips sent home is not as great as one would wish, but, as I said before, the work is new and takes time. Many more of my people would have treatment if doctors and dentists were more plentiful.

The Saturday following my visit to one school, six children went in to the nearest town to see the dentist who was due there that day, but he failed to keep his appointment and has since given up.

There are no dentists between Yorkton and Foam Lake on the C.P.R. line, a distance of about sixty miles, so you see what it means to some of these people to get the necessary work done. I sometimes wondered if I did not find too many defects, till after one of the Yorkton doctors asked me for a list of children in a town nearby needing treatment. He had many patients in that district and thought he might be able to help on his work. He was amazed at the list, but later on had occasion to visit the school about some trachoma cases, and afterwards told me that, if anything, I had erred on the safe side, for it seemed to him that every child present had some defect.

The people in that town can well afford to have their children treated, but so far do not see the need of it. They prefer to buy new cars, but the children are becoming interested and will, I hope, want to have their defects remedied so that they may grow up strong men and women. It is not always those best able to afford it who have their children cared for. This summer, in one school where everything seemed hopeless, I found a small boy of seven years wearing a dress, and later his teacher told me he had some defect which prevented him being properly dressed. I investigated and found he had a very bad scrotal hernia. Mr. Wallace, the Inspector, is interested in the health of the children, and, when I find a very needy case, is always willing to take me to see the parents.

I wish you could have seen us that day. The shortest way was through the fields, and the other children, realizing that something was going on, followed us to the home, little and big, running as fast as they could after the motor.

She said "Come," and we went into the house. She sent all the others out, closed the door, got a pillow off the bed and put it on the floor under the little boy and put the hernia back in place. I then tried

the father and told him the boy should be in the hospital. "Too poor; no money," was the answer.

When we got back to Yorkton we arranged with one of the doctors to look after the boy, and the Daughters of the Empire agreed to pay his hospital expenses if the municipality would not. I was away from town for a week, and learned on my return that the parents had brought the boy in and he had been operated upon successfully. The municipality paid all expenses very willingly.

In conclusion, I would like to tell you of two cases just to show you how children respond and why I feel that our hope of results lies in the educating of the children along health lines.

A small boy said to me, when I was inspecting there after Easter this year: "Miss Russell, did you speak in the town hall to the boys and girls last fall?" I said, "yes, were you there and what did I tell you?"

You said, "we should have our windows open at night."

Think of the wee lad remembering for six months what I had said. Evidently having the window open at night was a new idea to him.

I was examining a little girl's head one day and found it necessary to send her home to get cleaned up, giving her directions how to do it. An older girl standing by said: "Will you give me one of those papers, too?" I examined her and found her in a sad way, her head one mass of sores and the glands of her neck swollen and painful from pediculosis infection.

She was eleven years old; her mother had been in Battleford asylum for ten years. Barbara tries to keep house and go to school. Her brother, Metro, told me with great pride that Barbara could bake, cook and wash. I told her the first thing to do was to cut off her hair and get cleaned up.

The doctor in the locality happened to come up to see me about some children, so I asked him to look at Barbara, and he agreed to treat her free for the glandular condition.

When I was up at the school fair later I saw Barbara. She is a changed child, head quite clean, and she feels she can look the world in the face again. She had no one to tell her what to do before and evidently felt very keenly about it. Her teacher had forty pupils and had little time for individual care. Barbara won first prize for her hemming of a tea towel at the fair (her first attempt at sewing) and brought it to show me with such pride, for she felt I was interested in her and would be pleased she had won a prize.

Miss Browne asked me once if I didn't think this was the best work I had ever done. Certainly it is the most needed I had ever done, and if I have the means of helping even a few children to better health and of brightening their lives a little bit, it has been worth while.

The Hourly Instructor

By Grace C. Robinson.

While greater emphasis is being increasingly placed upon the educational aspect and value of the training of the student nurse, the ever present problem is the procuring of the qualified instructor. While this shortage or problem is felt to some extent in the large city institutions conducting nursing schools, it is much more acutely felt in the small hospitals outside the city. These small schools have much difficulty in offering to the student nurse such a course as will compare favorably with that offered by the city hospitals which have a large staff from which to draw instructors.

To many young women there are definite advantages in securing their nursing education in a small hospital, permitting the student nurse to be near her home and friends. Her training is more intensive; she is called upon for a greater variety of work; greater demand is made upon her initiative and resourcefulness in a smaller rather than in a larger, more formal school of nursing.

The small nursing school has a very serious problem to face, however, that of providing instruction in special branches such as nutrition and cookery, chemistry, bacteriology, urinalysis, diet in disease, massage, etc., which subjects require the specially prepared instructor.

In large hospitals this type of teaching is more easily procured. For example, one of the important duties of the dietitian is to give the students in training theoretical and practical instruction in nutrition and cookery, also in dietetics. As a rule the hospital with less than fifty beds does not employ a trained dietitian, nor does it have full time pathologist nor technician, nor massage and electro-therapy department.

In the case of chemistry, this difficulty of a special instructor is partly overcome in many nursing schools by the custom of sending the student nurses to the nearest High School. Nutrition and cookery may also be handled in this way. Diet in disease, bacteriology and urinalysis are given by physicians of the staff as volunteer work, but this work is often irksome to a busy man. In the first instance, while the privilege of securing these subjects is of undoubted value, the time and energy expended by the student in going to and from the High School is a physical strain and the student reaches the High School often too tired to benefit by the class of work which is being given; and if she goes on duty after her return to the hospital, her haste and fatigue often prevent efficient work.

And, too, the student from the hospital attending the High School for these subjects is obliged to conform to their requirements as to subject matter, and number of hours for the courses. This results in the student nurse giving her time to much work not required. While this work has a value, it is not essential for her nursing course.

A solution of this problem is the employment by the nursing school of an hourly or visiting instructor, qualified to teach these special subjects, who would go to the various hospitals and give the student nurses these courses as outlined in the Standard Curriculum.

My own experience as an hourly teacher of special subjects in Southern California during the past few months has been so encouraging to me that I would like to call the attention of others to this field of work.

Appreciating the conditions mentioned above, three months ago I started a new venture here "trying out" a plan to visit hospitals conducting nursing schools to teach certain subjects at the hospital to the student nurses, instead of their going to the High School for their instruction. When the plan was first suggested to the Superintendents of the nursing schools, I frequently met the objection that the expense, for example, of equipping the laboratory for the course in chemistry would be prohibitive. Actual experience, however, has proved that the original outlay for necessary apparatus and reagents to give the work as outlined in the Standard Curriculum was quite reasonable, provided we could borrow from the hospital clinical laboratory the more expensive apparatus for occasional use. It is also possible to improvise inexpensive substitutes for some of the more expensive equipment.

As for the equipment for the cooking courses, one hospital, the Community Hospital of Santa Ana, installed a complete cooking school outfit for individual use. But in most of the hospitals we improvised and used what was at hand in the general and diet kitchens.

By careful planning of work and time, these classes can be so given as not to interfere with the usual routine of the department. As the groups of students taking these courses are small, it is not difficult to improvise as to equipment and methods and secure satisfactory results. The greater amount of individual attention which can be given while teaching a small number more than compensates for the unavoidable deviation from the "ideal laboratory."

The first venture was in the Riverside City Hospital, where I went in September before the school had begun the winter classes, living for the time in the hospital. I therefore had the undivided time of the student nurses in their study period. The Superintendent generously co-operated in every possible way, securing an extra graduate nurse to relieve the student nurses during class hours, and I was able to cover a good deal of ground in our intensive courses in chemistry and diet in disease.

Two courses have been completed in one of the Los Angeles hospitals, chemistry and nutrition and cookery; and a course in chemistry in another hospital. But the greater part of my work has been in the hospitals in neighboring towns, especially where no resident dietitian is employed.

A class in diet in disease has just been finished at the Fullerton General Hospital. Two courses, nutrition and cookery and diet in disease, were given at the Community Hospital at Santa Ana. A class in diet in disease is just starting at the Orange County Hospital.

At present I am giving a course in chemistry and bacteriology at the San Antonio Hospital at Upland. When we finish this, we will take up nutrition and cookery, diet in disease and laboratory technique for the senior student nurses at this hospital.

In February I expect to go to the San Bernardino County Hospital to teach three classes—chemistry, bacteriology and nutrition and cookery. As this hospital is like Riverside, too far from my headquarters to visit semi-weekly, I expect to go and live in the hospital while teaching there.

Having taught a class of nurses at the Massachusetts General Hospital their nutrition, which I was then studying myself, and having taught chemistry to the students in the Army School of Nursing, besisdes having had much experience as laboratory technician in hospitals, I have been able to adapt the courses to the special needs of the student nurse in trainng. In the classes in chemistry, especially, my aim has been to correlate the theoretical with the practical and to give a foundation for a better understanding of anatomy and physiology, nutrition and materia medica, studies which the average student nurse finds difficult to apply at the very beginning of her class work in the hospital.

From observation both here and in the east, I believe the hourly instructor who specializes in certain subjects will be included in the personnel of the majority of the nursing schools in the very near future.

—*"Pacific Coast Journal of Nursing."*

The World's Pulse

By Elizabeth Robinson Scovil.

A Wonderful Octogenarian.

M. Clemenceau, late the Premier of France, now in his 86th year, has recently returned from six months in India and Egypt, bringing with him the skins of two magnificent tigers, which he shot himself. His hand is as steady and his eye as keen as in more youthful days. He is planning a tour to Australia.

A Nerve Test.

Dr. Risien Russell, described at the Institute of Hygiene a simple test of the condition of the nerves. When the sole of the foot is gently tickled, if the nerves are in a normal condition, the toes crumple together. If the great toe goes back and the others with it, or remain in the same position, the nerves are out of order.

An Air Newspaper.

A paper to be called the Aerial Mail is to be published, edited and printed in an airplane, in flight. It is an English venture, and the paper will be printed in French and English on two planes leaving London and Paris simultaneously. News will be received by wireless en route. The copies will be distributed by parachutes, which will drop them over the towns above which the airplane is flying.

Suffrage for Squaws.

The women of the Penobscot tribe of Indians, living near Oldtown, Maine, are demanding equal suffrage. The braves are enormously indignant, as the squaws have received a ruling from the Attorney-General, encouraging them in their desire for the franchise. The Confederacy of Iroquois Indians was the first great American State and the earliest form of a League of Nations.

A Pullman Airship.

A British passenger airship has been built on the Clyde which is said to be a pullman car of the skies. It has a dining-room with linen-covered, silver-laden tables, rugs and soft hangings. It has two rows of cabins, each accommodating two passengers. The beds are hammocks, as comfortable as those in the finest sleeping car. During the day the beds will be folded up and the space transformed into a drawing-room with delicate light blue curtains and deep, comfortable lounge chairs. There is a telephone communication with all parts of the vessel and wire-

less with the land. There are five engines with a total of 1,570 horse-power.

A Woman 3,000 Years Old.

The mummified body of a neolithic woman, who died 3,000 years ago, has been found in a field in Jutland and placed in the National Museum in Copenhagen. She seems to have been a person of rank. The skull is still covered with dark brown hair. The remains of the garments show a short jacket with sleeves and a petticoat. Round the waist she had worn two belts, one with a large belt plate, and a flat and round bracelet. Clinging to the hair was an earring of bronze. The body was wrapped in a cow-hide and laid in a hollowed black tree trunk as a coffin.

An Airship Port.

In the development of air traffic, air ports will become a necessity. At one at Pulham, in Norfolk, there is a mast to which airships can be moored. It consists of a steel girder of lattice work, with a circular platform at the top carrying the gear by which the airship is received and held. Water for ballast and gasoline for fuel are pumped up by electricity and carried by pipes into the airship, and hydrogen is pumped into its gas bags. Passengers and freight will be carried up by an electric elevator.

Securing a Husband.

The Municipality of Paris has engaged Prof. Mahout, of the Borbonne, to speak three times a week to girls of the working classes on the best way to attract a husband. The shortage of men and the high cost of living is causing difficulties in this matter. Prof. Mahout's theory is that the best way to attract and retain a husband is to feed him well. He advises his pupils to learn to cook. He says by scientific education the mother of a family must become an engineer of nations and a health creator of strength and life. He considers it still true that the way to man's heart is through his stomach.

A New Canadian Coin.

It is proposed to issue a nickel five cent piece for Canada, the same size as the American coin of that face value. Our coin will be all of nickel, the one coined in the United States being 75 per cent. copper and 25 per cent. nickel.

C. A. M. C. Nursing Service Department.

EMPIRE DAY, 1921—BY NURSING SISTER X.

In our town the day dawned clear, sunny, and cool. The excessive heat (92° in the shade) which immediately preceded had somewhat lessened the fervour with which we looked forward to the proposed picnic. For the nonce marital were to be exchanged for martial relationships. A refreshing downpour of rain on the night of the 23rd revived enthusiams. Our minds became again wholly intent upon re-union. This last word surely tells who WE are: to whom other than the C.A.M.C. does the phrase signify so much? Methinks it has magical sound in the ears of the Overseas. Here, we are seven—three Mayflowers, four Cauliflowers; four plus husbands, three minus. We meet often but always just ourselves on the second Thursday of every month. The "Tea and Toast Club" we style ourselves. Husbands were privileged to attend the April meeting. To these "Men of Wrath" it was then announced,

"The 24th of May is the Queen's birthday,
If we don't get a holiday, we'll all run away."

Rather than face such an embarrassing contretemps, the "Men of wrath" at once assented. They agreed to devote that day to angling. To this we acquiesced on condition that the exercise be confined solely to rod and line. Judging from the resultant mosquito bites and intemperance of language, we infer the wiles of the "Men of Wrath" did not extend beyond the stream.

We seven met at the railway station at 10 a.m. Comfortably attired in modern fashion, we not only looked but felt like school girls. Even the baskets we carried reflected a smile; they winked slyly as though to say, "You can't guess the surprises we hold." An hour's ride and the party detrained. More than one envious glance followed.

On the way through the car, Sister A. (who can almost hear the wool growing on the sheep's back) overheard a young man say to his companion, "I rather wish we were getting off here, their merriment is so infectious." Indeed the destination had not been chosen without earnest thought. "Over There" we had enough of trippers and their favourite haunts. Quiet, leisurely enjoyment, uninterrupted by discordant note, was to-day our purpose. The rendezvous was to be in a

comparatively unfrequented spot. A short walk along a dusty road, over a stile, through a field in which, under a solitary tree, stood a cow chewing its cud, lazily swishing its tail the while. "Portends heat and flies," remarked Sister C., who was of the country bred. We smiled at the suggestion that anything should mar our pleasure this day. Presently, with no stile in sight, we scrambled over a high fence and found ourselves at the edge of a wood. With indigenous eye, Sister C. discerned a path. It was followed. Over head, shade, under foot, a cool responsiveness. Hearts and baskets grew lighter. Almost too soon an inviting glade came into view through the trees. A trifle loth to leave the pleasant path, we turned aside. Under an expansive beech tree baskets and rugs were dropped. Taking a slow survey of sky and landscape, seven pairs of arms were extended simultaneously. As if by one impulse, seven Sisters drew in choking mouthfuls of purest air serene. Speech was unnecessary; the joy of mere being was all sufficient for the moment. "Hark! the birdies welcome!" came as interruption from little Sister C., whose ear is ever attuned to all that stirs or breathes of nature. "'Tis a fox-sparrow," she added, and further explained the distinguishing marks and habits of the family. At the mention of its favourite food, Sister D. commented, "I could do with a little myself right now." Again were we one in mind. Sister F. (by virtue of marked domesticity) was appointed Home Sister A.C., and Sister E. (because of her lectures on Child Welfare) Home Sister P.C.

Whilst the table (!) was being laid, the unemployed sauntered further into the wood. With unerring instinct, Sister C. led the way to a little brook, the gentle murmur of which had been earlier noted. A few minutes walk along the ribbony course and, where on one side the bank inclined still higher, we came upon what might once have served as "swimmin' hole." Leafy beech trees stretched vibrating arms from either bank and met to bow in prayer. Scattered rocks made stepping stones the entrance to safe seclusion. From such reflections we were disturbed by a whistled imitation of "Come to the Cook-house, dour boys." Response was quick. The enticing spread that greeted the eye was itself a picture. Rugs, strewn with violets and trailing vines, constituted the table, and on this was to be found cold chicken and ham, stuffed tomatoes merrily red and bubbling over on to crisp lettuce leaves; radishes, thin bread and butter, fruit salad, cake, and iced coffee. Not a crumb fell from the rich man's table, all was greedily devoured. The P.C. Home Sister tidied and shook her house. Then, alas! that it must be acknowledged, six of the seven Sisters became chimneys pro tem. The insidious lull of the fags paved the way for Morpheus. Soon there were seven sleeping Sisters. In less than an hour the bleating of a stray sheep awakened our household. Placing the stores in a tree beyond the reach of such visitors, we betook ourselves to the 'swimmin' hole! Shoes, stockings and skirts were quickly shed. Wading became an order. Echoing and re-echoing shouts of glee rang out. We were

but sixteen years young. Care, if the monster existed, was cast aside. Forgotten were domestic responsibilities. Like the birds of the air we were no longer solicitous for the morrow. When we had our fill of splashing about, a council of ways and means was held. Two members were detailed and set off on tea duty. Call to the repast came in the form of a melodious "Coo-ee." How it awakened recollections of the "Aussies" we had nursed "over there!" Queried as to how she had in such true fashion acquired the mournful note of the "Coo-ee," Sister G. replied—but "that's another story." Had we not been so eager to stake thirst and appetite, we should have teased for the story then and there. Still we knew that the latter would keep whilst the former was actively impatient. Heaps of sandwiches, more thin bread and butter, strawberries and more cake disappeared in almost the twinkling of an eye. We drank to the God of the Thermos—he who blows hot or cold at command. Cigarettes and confidences were then exchanged. Letters, interesting and amusing, from mutual companions-in-arms were read. What a train of memories these set in motion! A "d'ye mind?" and a "don't you remember?" met at every turn. The hours flew by, and before we had nearly finished the "d'ye minds" it was time to betake ourselves stationwards. The shadows of evening had fallen; yet it was with lingering regret we left the wood. Of the confidences therein exchanged I may be privileged to tell another day. The prospect that did not please was that of returning in a train, over-crowded with excursionists. Still, we thought it a small price to pay for the holiday. Lo and behold, on reaching the station we found a seven-passenger motor car at our disposal. That sly puss, Sister F., had arranged this surprise. From the glance she exchanged with the owner we suspect that soon there'll be five husbands privileged to attend the Tea and Toast Club. In any case his coming completed "The End of a Perfect Day."

Matron G. Pope, M.R.R.C., is spending the summer in England and will probably visit the continent.

Matron K. O. McLatchy, M.R.R.C., after attending the Convention at Quebec, visited friends in Montreal and Ottawa.

Matron E. Campbell, M.R.R.C., attended the Convention of the V.O.N. in Ottawa and expressed herself most enthusiastically on the interest and work of the Order.

Matron M. M. Goodeve, M.R.R.C., is holidaying at Brantford and devoting much of her time to golfing.

Matron E. McCafferty, M.R.R.C., en route from Winnipeg to her home in St. John, N.B., visited in Toronto, Ottawa and Montreal. At these various centres many reunions and festivities were held in her honour.

Matron L. A. Gamble, A.R.R.C., after completing the course, Department of Public Health (twelve months), at Toronto University, is holidaying at her home in Ottawa.

Nursing Sister M. Brankin has received an appointment as Welfare Supervisor at the Dominion Printing Bureau, Ottawa.

Mr. and Mrs. Gerald Marryatt (nee Nursing Sister H. L. Fowlds, A.R.R.C.), are residing in Montreal.

Lieut.-Colonel and Mrs. W. H. Robinson (nee Nursing Sister P. E. Wood) are resident at London, Ont. Lieut.-Colonel Robinson is A.D. of S. & T. for Military District No. 1.

Nursing Sister M. Jessie Leitch, of the staff of the St. Paul Dispatch, St. Paul, Minn., has been given three months' leave. This period is being devoted to a "Refresher Course" at Bellevue Hospital, N. Y. In spite of her keen enthusiasm regarding journalism, professional interests are always uppermost in Sister Leitch's mind.

The Australian Government has decided on a grant of £50 Sterling to Australians for each year of Active Service, including nurses who served in the Imperial army.

It is understood that the Davisville Hospital, S.C.R., is shortly closing.

Matron Jean Urquhart, M.R.R.C., on her way to attend the Nurses' Convention at Quebec, stopped over at Ottawa. Whilst here she was present at the conference on Child Welfare, and, in response to a request, gave a most interesting outline of this work in Saskatchewan.

Colonel and Mrs. J. Fraser (nee Nursing Sister Georgina B. McCullough, A.R.R.C.) have returned from the British Honduras. They are at present visiting in Ottawa. Mrs. Fraser had many amusing experiences and perhaps may yet be induced to relate some for this department.

On April 21st, 1921, Nursing Sister Hannah Florence Marston was married to Mr. John James Dryman, of Fort William, Ontario.

There was born to Captain and Mrs. Ross (nee Nursing Sister Sarah Elizabeth Tuck) a daughter—Margaret Elizabeth.

Hospitals and Nurses

NOVA SCOTIA

A training school for nurses is to be established at the Highland View Hospital, Amherst, N.S.

Miss Georgina Pope, for so many years Matron of the "Station Hospital," spent a few days in Halifax on her way to England.

* * * *

NEW BRUNSWICK

ST. JOHN.

Miss Bertha Gregory has been transferred from port work, St. John, West, to Quebec, and has already entered upon her duties.

The St. John Chapter of the N.B.A. of G.N. held a very successful bridge and dance recently. There were about 250 present, and an excellent programme of dances was enjoyed. The supper-room was decorated in red and white flowers, bringing out the colors of the association. It was voted by all present to have been a most enjoyable evening. Miss McGaffin was general convener and was ably assisted by the ladies on the various committees.

* * * *

QUEBEC

R.V.H., MONTREAL.

At the last meeting for the year of the Alumnae Association, Miss Goodhue, our president, was presented with a travelling case. Miss Goodhue left recently to spend the summer in England and France.

Miss Hersey, Superintendent of the Training School, and Miss Hall, have returned, after spending a pleasant holiday in Bermuda. They report having seen Misses Guernsey and Widder.

Miss Kirkpatrick (1920), who has been for some time Night Superintendent of the Ross Memorial, left on May 1st for her home in Nova Scotia. Her engagement is announced to Mr. George Floyd, of Pictou, N. S.

MANITOBA

Winnipeg.

The following nurses formed the graduating class of the Winnipeg General Hospital, which held its graduating exercises in the University Science Building on Thursday evening, May 12th, 1921. A reception at the nurses' residence followed the exercises: Misses Myrtle Argue, Anne T Anderson, Annie Isabel Andrew, Margaret May Ard, Nettie Elizabeth Blough, Olive Edna Brown, Pearl A. Brownell, Helen G. Begg, Flossie Olive Cromie, Pearl L. Campbell, Mary Edith Curry, Helen Florence Carey, Dorothy C. Christopherson, Mary Henrietta Ellis, Rose Fred, Hazel E. Fuller, Mary Arva Fallis, Aimee Margaret Hobson, Sylvia Haney, Gertrude May Hall, Geraldine Hayden, Mabel E. Horn, Clara Jasper, Anna Jonsson, Pearl Jones, Agnes Jack, Myrtle E. Knittel, Ellenor L. Lynch, Clara Barton Lee, Isabelle McKenzie, Annie Isabel McDiarmid, Rena Grace McKeevor, Violet Eliza McAleese, Helen Gladys Mackay, Margaret Alexandra Marks, Lorna Ray Mathers, Elspeth Alberta Moffatt, Marjory B. Moffatt, Tillie Munn, Josephine H. Morgan, Olive Rae, Blanche L. Swanston, Elizabeth Winnifred Patterson, Elizabeth Patrick, Clara Edna Shields, Mabel Mary Sharpe, Ada Bertha Schweitzer, Euphemia Mae Stauffer, Mabel May Skinner, Hazel H. Stanley, Jessie Gertrude Snider, Margaret Stowe, Anita Viola Sinclair, Hazel Mary Wallington, Merle R. Wright, Jessie E. Williamson.

* * * *

ONTARIO

Toronto.

Riverdale Hospital Alumnae Association.

Serbian, Ruthenian, Roumanian and Turkish handicraft in a fascinating variety were on view at the Graduate Nurses' Club, Sherbourne Street, at their tea yesterday afternoon. Their owner, Miss Norwich, a Riverdale graduate, who served with the American Red Cross relief expedition for eighteen months after the war, was present, and had many an interesting tale to tell of her treasures. They but verified the impression other visitors to Serbia have given in Toronto of the spirit and fineness of the people. Of one Serbian soldier Miss Norwich tells who with kindly interest asked of her own family in Canada. He was informed of her three brothers at the front and who could not go. Quick as a flash, he drew out a leather case and then his trusty bayonet from his side. These were much loved possessions. "Here," said he, "take these to your brother who could not come!"

Still another story of the generous spirit of the Serb was that of a mother who brought her little girl to a farewell afternoon for Miss Norwich.

The latter and her co-workers had found Serbia's children starving and in tatters. Yet this mother, whose child wore a picturesque dress of her country, stripped it from her and insisted that Miss Norwich take it.

Vivid rugs, brilliantly-embroidered linens and garments, quaint objects fashioned from brass shells, and pottery are included in the collection. Ruthenian linens rival Paris lingerie in their exquisite work.

It would be a special treat if the collection could be shown at this year's exhibition's woman work.

St. Catherines, Ont.

Nursing Sister S. D. Beatty, of this city, who did service in the Great War in France, being mentioned in dispatches by Sir Douglas Haig on March 16th, 1919, and also served at Lemnos, has just received her scroll and oak leaf emblem from Hon. Winston Churchill, Secretary of State.

Very interesting reports were given at the meeting of the Mack Training School A.A. by the delegates to the G.N.A.O. annual meeting.

Mrs. J. Lewis (Carire Humphries), accompanied by her small daughter Helena, has arrived from Saskatchewan, at her home in Port Dalhousie for the summer.

Ottawa.

Miss I. McIlroy will represent the O.G.H. at the C.N.A.T.N. Convention in Quebec.

Miss M. McKell is in New York taking a post-graduate course at the Rockefeller Institute.

Misses B. Coupal and Rose have accepted positions at Mayo's Hospital, Rochester, Minn.

A NIGHT NURSE'S PRAYER.

Dear Lord, I pray to Thee to-night
For strength to do all things aright;
Grant to me wisdom, guide my hand
That it may act at Thy command.

Bless my patient, ease her pain,
Restore her, Lord, to health again.
May we Thy servants ever be,
Returning praise and thanks to Thee.

—Amen.

The Entertainment
(A Midsummer's Idyll

At the "Head of the Lakes" we met in July,
The weather was cool, and clear the skyJ
(Most of the time!)
For who ever heard of the weather up there
Being aught else than ideally fair?
That's why the people are healthy and bright,
In Fort William and Port Arthur, alike;
They radiate happiness, good fellowship, health,
Which, after all, is the best kind of wealth.

Although of the "Long-Green" they seem well possessed,
And generously used to entertain guests;
Luncheons, teas, even banquets, here and there quite galore!
Royal guests could not have been entertained more.
Our first jolly luncheon, at the "Shunaih" renowned,
Was livened with speeches and songs that resound;
The gentlemen welcomed, twitted, and toasted,
The Ladies, "all fair!" who smiled as they roasted.

Mr. Crooks, of the Council, offered us the whole city,
And all of their bachelors on whom they took pity!
What happened thereafter remains a closed book—
Labelled: "SECRET" . . .a whisper . . . we found none to hood!
The nice men are married, of course, always so,
And their's were par excellent of all men we know!
'Twas Port Arthur's Council, and Board of Trade, too,
Who gave us this "jolly" refreshing menu!

At the "Shunaih" again, the next day, we dined,
As guests of the Rotary and Kiwanis, combined;
The "Twin-Cities'" Clubs of gallant persuasion,
Who step to the front on all such occasions.
The next day the "Ladies" gave a "Progressive Tea"
Which was "Just as lovely as it could be!"
In the homes of the Emmersons, Smellies, and Crooks,
You can't imagine how pretty it looked! . . .

Unless you were there on that beautiful day,
And enjoyed the full view of Great Thunder Bay;
From the Court Street Ridge, where our Hostesses dwell,
To the "Giant Asleep" midst the white caps' swell.
The next day at noon, from one to two, . . .
The story I'm telling is very true;
The Fort William Council, and same Board of Trade,
Tendered a luncheon which helped us up grade.

Speeches went round, and stories were told,
They said we were "young" . . . or, . . . "not very old!"
They said all the nice, pretty things they could think,
And, mixed with the course, they passed 'round a "Wink."
They invited us back, the next year or so,
When holding our annual of the G.N.A.O.;
We said we'd consider their invite so kind,
And tell all our friends of how well we had dined.

The gossip we heard there, we all liked so well,
You all better listen if you wish me to tell!
Miss Arthur so coy, so innocent, sweet,
Keeps William the Gallant on his knees at her feet.
For two years or more he's offered his heart,
And declared to the lady he "could not live apart!"
'Tis said tho', since then, he was seen buying the ring,
So . . . "It's certain they'll wed before the next spring!"

To resume: Friday evening at the Prince Arthur Hotel,
The occasion is one we'll remember quite well, . . .
The "Nurses and Doctors of Thunder Bay" fame
Tendered a banquet, with all kinds of "Game."
The birds, the speeches, the toasts, and replies,
Were sufficiently fit to which "Perfect" applies!
The Prescriptions were spicy, the Ices were cold,
The Beverages temperate, or, so I was told!

And this is the reason some telegrams came, . . .
While we were still busy enjoying the game . . .
"To the Thunder Bay Nurses!" the telegram read:
"John Barleycorn sick, and very near dead! . . ."
So sends his regrets that Prohibition Gastritis
Prevents him from joining the Guests of Banquitis . . .
And Miss Champagne, too, his daughter of charm,
Regrets she can't leave the Barleycorn Farm.

Because of the illness of John Barleycorn,
Who is loved by the "Irish" but the "Scotch" always scorn!" (?)
'Twas signed by McLelland in charge of the store,
Who said: "Wire RUSH, if you need any more."
The finale came on Saturday noon,
We dreaded the parting and Good-byes so soon;
We drove to the Falls, "Kakabeka" by name,
Such potential, and beauty! . . . Adam Beck would love same.

Their rainbow we're sure the Niagara's eclipses!
Their foam is pure golden as with iron it mixes;
The roadway along to this romantic spot
Is hedged in with Roses, and wild Forget-me-not!

A token of friendship, a reminder, oh vain!
We'll pray to the gods that we'll soon meet again;
Alas! . . . that all pleasures we find the most sweet,
Have a turn that it bitter, Adieu! till we meet!

(Written on the occasion of the Convention of the Canadian Association of Nursing Education, and Canadian National Association of Trained Nurses in Fort William and Port Arthur, Ont., July 5th-11th, 1921.)

Ottawa, Ont.,
May, 1921.

MARY A. CATTON,
Delegate G.N.A.O.

Waste Paper Bag.

In lieu of a real paper bag take a double page of ordinary newspaper and fold it over into the shape of a large paper bag that one gets from the grocer. Stick in two pins and you will have a useful waste-paper bag for the patient's bathroom, into which to throw wet wads of cotton after cleaning theremometers, using a hypodermic, etc. Burn the bag each day and make a new one.

BIRTHS

STOUGHTON—At Hartford, Conn., on April 15th, 1921, to Dr. and Mrs. Dwight Stoughton (Aileen Dickson-Otty, R.V.H., 1918), a son, Peter Van Courtland.

FRANK—At St. Joseph's Hospital, Sudbury, Ont., on May 8th, 1921, to Mr. and Mrs. J. B. Frank (nee Violet Pomfrey, graduate of Riverdale Hospital, Toronto, class 1918), a son, Robert George.

MARRIAGES

BENNETT-QUINN—On Tuesday, April 5th, 1921, at Ottawa, Margaret Mary Quinn (R.V.H., Montreal, 1912), to Mr. Thomas Ernest Bennett.

FORBES-SMITH—On Tuesday, May 10th, 1921, at Edmonton, Alberta, Christine Elizabeth Smith, to the Rev. Alexander Forbes, D.D. Mr. and Mrs. Forbes will reside in Grande Prairie, Alberta.

BELANGER-DUFORD—At Ottawa, April 27th, 1921, Ida Duford (Ottawa General Hospital, 1918), to Dr. P. B. Belanger, M.C. Dr. and Mrs. Belanger will reside in Ottawa.

Canning Fruits Without Sugar.

Much of the Small Fruit Crop May be Conserved by this Method.

There is a method of canning without sugar, and, to secure the best information available on the subject, the Commission of Conservation invited Miss Jeanette Babb, Instructor of Household Science at Macdonald College, to prepare a short paper. Miss Babb especially emphasizes the caution that in sugarless canning *the utmost care must be observed, and every rule strictly followed*, otherwise loss of fruit and wasted effort may result.

"Fermentation and decay are caused by the bacteria, yeasts and moulds, which are ever present in the air, coming in contact with fruit. We must, therefore, destroy these forms of life present in the fruit and in the containers and prevent their further entrance into the containers, by sealing and sterilizing or boiling. This is what is termed canning.

"There are many good reasons why canned goods spoil. Some of these are: Because of imperfect jars; use of old or poor rubbers; use of stale products; being too slow; filling too many jars at once; inaccuracy in time of boiling; failure to test jars after sterilizing, and careless storage.

"The equipment necessary for canning is as follows: Wash boiler, or large kettle, with an airtight cover; fitted rack for bottom of boiler; good jars and covers properly sterilized; good rubbers; long-handled spoon or silver knife, strainer or clean cheese-cloth for washing fruit, blanching and cold-dipping, boiling water, and clean towels, all of which should be sterile.

"To prepare the jars, test them first for leakage, by filling with water, fitting on rubber, sealing tightly and inverting on a dry table. If no moisture is seen on the table the jar is safe. Sterilize the jars and covers by placing on rack in boiler, cover with cold water, bring water to *boiling* point, and boil for fifteen minutes. Sterilize the rubbers in a shallow dish of boiling water for five minutes.

"In the cold pack method the importance of the two terms, blanching and cold dipping, should be emphasized. Blanching is to dip in boiling water, and keep under the boiling water for from a few seconds to five minutes, according as to whether the fruit is of the soft or hard variety. Cold dipping means the immediate plunging into cold *boiled* water, to set the colouring matter, to aid in keeping the fruit whole and to make it easy to handle.

Preparation of Fruit.

1. Select when it is at its best—thoroughly sound, ripe but firm and free from bruises.

2. Grade as to size and quality for sake of uniformity.

3. Can the day it is picked, and as soon as possible after picking,

especially where no sugar is used.

4. Clean fruit and prepare as for table use.

5. Blanch in case of hard fruits.

6. Cold dip.

7. Pack products quickly into jars, which have just been removed one at a time from the boiler, using a sterile knife or spoon handle for packing.

8. Fill with boiling water, insert knife to let out air and fill again to top with water running over jar.

9. Put on sterilized rubber, cover, and partially seal at once.

10. When all jars are ready, place on rack in boiler and cover with water of the same temperature as jars, keeping the jars separated.

11. Cover boiler, bring to the boiling point and boil until the fruit is cooked.

(a)—Soft fruits require from 10 to 15 minutes where sugar is used. When no sugar is used we add 15 minutes more to the required length of time with sugar.

(b) Hard fruits with sugar require from 30 minutes to one hour plus twenty minutes without sugar.

12. Uncover boiler at end of time for sterilizing or boiling, allow steam to escape and seal jars tightly immediately upon removing from boiler. Invert until cool.

13. When cool screw tight again, wash outside of jars, label and put away in a cold, dry, dark place.

Note.—In sugarless canning, the utmost care must be observed, and every rule strictly followed.—*Jeanette Babb, Instructor Household Science, Macdonald College.*

Grow the Small Fruits at Home.

In the process of getting the most out of the backyard garden, many amateur gardeners have over-looked the cultivation of small fruits.

Fresh fruit on the table has almost become a luxury. The high prices which these fruits are commanding, and their growing scarcity on the market, are due largely to lack of help and the enhanced cost of picking and transportation.

The growing of raspberries, currants and gooseberries is very simple, and their value both for use as fresh fruit and for baking and preserving purposes, should make their cultivation much more extensive. There are no fruits that respond more quickly to good treatment, but they will also stand a considerable amount of neglect. Large fruit and productive bushes, however, can only be expected when they are given proper attention.

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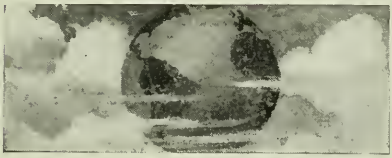

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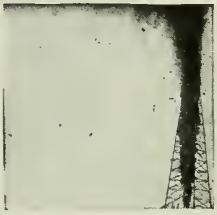

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Please send me booklet marked:

☐ "ON A CASE" (*Especially prepared for the Nurse*)

The following booklets may also be of interest to the Nurse:

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☐ "As the Twig is Bent" (*Constipation in children*)
☐ "As the Shadows Lengthen" (*Constipation in old age*)
☐ "A Lovely Skin Comes From Within" (*How to remove toxins that mar the skin*)
☐ "Wages of Neglect" (*Constipation as a cause of piles*)
☐ Also Sample

Name_____ Address_____

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THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES WANTED for General Duty. Salary $90.00 per month and full maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania.

A Practical Suggestion.

When an invalid first sits up, partially dressed, in the usual rocker, it is a great help to her to place a magazine or an old book under one rocker of her chair, at the front just far enough back to take the weight off her feet, which should be placed on a low stool or a well-stuffed covered pillow. These first few times out of bed when one is so weak can be rendered a pleasure or an ordeal that the convalescent gladly escapes by a hurried return to her bed. After the soft comfort has been folded lengthwise, so that when placed in the chair one end touches the floor and protects the patient's limbs from draughts, a small pillow is put in the seat and another is in readiness for the back or head. Before the patient is placed in the chair, put a warm woolen blanket lengthwise across the chair in such a manner that the patient may be wrapped from the waist and covered over the feet by first one side of the blanket being folded over her then the other—this is warm but light. With this comfortable chair, a glass of fresh water near, light carefully shaded at the windows, and the nurse intelligently limiting the time of sitting up so that the patient is never overtired, will cause the invalid to look forward to the privilege of sitting up.

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Registered Nurses and Male Attendants who are thoroughly experienced in the care of neurological and psychiatric patients. Address Anna G. McCrady, R.N., Supt. of Nurses, National Sanitarium, Marion, Indiana.

WANTED

At Batavia Hospital, Batavia, N.Y., an Assistant Superintendent qualified to teach in a registered Training School for Nurses. Apply to Superintendent, giving date of graduation, experience, and salary expected.

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For full particulars in regard to the course, nurses should write to Miss M. Shaw, Department of Nursing, McGill University, Montreal.

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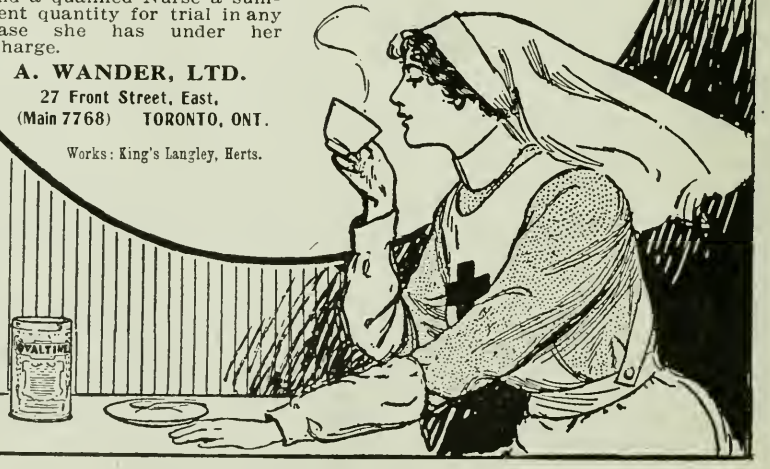

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVII. VANCOUVER, B. C., JULY, 1921 No. 7

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Report of the C. N. A. T. N. Convention Quebec, June, 1921

The annual meeting of the Canadian National Association of Trained Nurses held its opening session, in conjunction with the Canadian Association of Nursing Education, in the Empire Room of the Chateau Frontenac Hotel, Quebec, Tuesday, May 31st, at 8.30 p.m.

Addreses of welcome were given by the following:—His Honor, the Lieutenant-Governor, Sir Charles Fitzpatrick; His Worship Mayor Samson; Miss Mary Shaw, Lady Superintendent Jeffrey Hale's Hospital, and Dr. Stevenson. Miss E. MacP. Dickson, President of the C.N.A.T.N., responded.

Dr. John Amyot, Deputy Minister of Health, Canada, gave a most interesting address on "The Place of the Private Duty Nurse in the Programme of Public Health." The meeting closed with the National Anthem.

The general meeting of the C.N.A.T.N. was held in the Chateau Frontenac Hotel, Quebec, June 1st, at 2 p.m. The President, Miss Dickson, called the meeting to order. On motion, the minutes of the last annual meeting were taken as read. The President then delivered her address, which is printed in full in another part of the magazine.

The reports of the secretary and treasurer were read and approved.

Correspondence which took place between the President and Miss Johns, in regard to a letter in the March issue of the Canadian Nurse magazine, signed "Private Nurse," was placed before the meeting. (Printed in full elsewhere in this issue). It was decided that the matter be left till after Friday's discussion on the "Canadian Nurse."

The Secretary read a letter to the President from Miss Gunn, asking for the appointment of a Provincial Committee, by the two National Nursing Organizations, to assist her to act in her advisory capacity to the nursing committee of the Canadian Council for Combatting Venereal Diseases. Some discussion followed this, when Miss Gray made a motion, which was seconded and withdrawn after Miss Randal brought up the question as to whether or not the method of voting was constitutional, stating that only accredited delegates had the right to vote on any question. The question then before the meeting was:—Whether or not voting should be conducted by accredited delegates only. A division vote was asked for, the roll called, ballots distributed, and the matter left over till later. The Convener of the Committee on Nursing Progress, Miss Potts, then gave her report, which was accepted. The meeting then adjourned.

EVENING SESSION, WEDNESDAY, JUNE 1st, AT 8.30 P.M.

This was an open session, at which Dr. Ahearn kindly substituted for Dr. Desloges and gave a most interesting and instructive screen lecture on Venereal Diseases. Dr. Shearer gave an interesting address on the work that is being carried on by the Social Service Council of Canada. Dr. Coulter gave an able address on "Vitamines and their use to the human body," accompanied by slides. The President, Miss Dickson, thanked the speakers of the evening for their kindness in addressing the Association and assured them of the hearty appreciation of those present for the instruction received.

MORNING SESSION, THURSDAY, JUNE 2nd.

Public Health Nursing Section.

The Chairman, Miss Elizabeth Breeze, called the meeting to order and asked the Secretary of the section to submit her report, after which the following questions were put to the meeting by the Chairman:

(1) Is each provincial section a part of the Provincial Organization of Graduate Nurses, or is it a sub-section for Public Health?

(2) Are the members of the Public Health Nursing Committee in each province to be appointed by the Public Health Nursing representative or by the Provincial Organization?

(3) Is each Provincial Public Health Nursing section supposed to have a separate organization, hold meetings, etc., entirely on its own, or is the programme to be included in that of the Provincial Organization?

(4) Are the fees to be collected for membership in the section to be sent directly to the National Secretary-Treasurer of the Public Health Nursing Section or through the Provincial Organizations?

(5) Are the expenses incurred by each Provincial Section to be paid out of the funds of each Provincial organization or from the fees collected for membership in the Public Health Nursing Section?

It was found, after some discussion, that each Province had common difficulties in these matters, and, in order that something definite might be taken back from this meeting, a committee was appointed to deal with these questions and bring a report at the evening session.

Reports from the different Public Health Nursing sections were submitted:- New Brunswick, read by Miss White, in the absence of Miss Brophy; Nova Scotia, read by Miss Mackenzie; Quebec by Miss Fraser; Ontario, by Miss Mackay; Manitoba, by Miss Wilson; Saskatchewan, (for this Miss Urquhart had no prepared report). She stated that there were 160,000 school children examined; 3,000 in rural districts reported as having received treatment, and a larger proportion in the cities. School hygiene was taught in the school year to school nurses. In addition to this, the Department of Health and two nurses take child welfare work. Clinics were conducted in different parts of the province, particularly in connection with summer fairs. The nurses also gave a course in home nursing in various parts of Saskatchewan. Alberta, read by Miss Macmillan, in the absence of Miss DeTurbeville; British Columbia, no report; Prince Edward Island, not presented (published in "Canadian Nurse" later).

Miss Ross spoke on the educational requirements for entrance to Dalhousie University to take the public health nursing course.

Miss Madeline Shaw gave the necessary qualifications for entrance to McGill University, and outlined the nature of the course given.

All agreed that it was a matter of financial need that kept so many from taking advantage of the various courses offered in the universities to-day, it being ascertained that, with the strictest economy, the approximate cost would be not less than $600.00 for the year's course.

The Chairman then asked Miss Jean Browne, lately returned from King's College, London, England, to address the meeting

Miss Browne called attention to the fact that the National Association of Trained Nurses had occupied a place for years as head of nursing activities, and that it was with some apprehension that we heard that the Red Cross were going to organize for peace time activities. We wondered what position we would keep. We shall always feel grateful that it was from this national organization that the first idea for national service sprang. We feel gratified that the Red Cross are taking the stand they do regarding the use of trained nurses only rather than those who are untrained.

Miss Browne spoke of the social service work in England and also in France. While both were highly organized, she considered that their methods would not be practicable for Canadian needs. She mentioned the present system of midwifery in force in England. In 1902 a law was passed requiring all midwives to register; since 1905 no one may register without passing an examination. With the act, inspectors were appointed. In some cases evidence was brought against a midewife, and, if cause was found for such a verdict, she was prevented from practising. Nurses in England do not get obstetrical training at the same time as their general training. They must train for six to eight months and then register as a midwife. In France, women practising midwifery must take a two-year's scientific course in obstetrics. Students take a case from the first stage of labor and follow the case through. She takes notes of the case and follows its during the hospital stay. If infection occurs, she follows it to the isolation hospital, as it is her responsibility.

Miss Browne also spoke of the excellent work being done by the Rockefeller Institute in connection with research in regard to tuberculosis. Great results are being obtained. Dispensaries look after children who have been exposed, feed them well, and look after them generally as to school work, clothing, fresh air, etc., for a certain period. They have a very complete record of any family in which there has been a case of tuberculosis. Rockefeller alone has spent twenty million francs, and that is only one branch of public health. There are many splendid features of the public health system of France which would make it a splendid subject for study by the public health nurse. Miss Dickson moved a vote of thanks to Miss Browne for her most interesting address.

EVENING SESSION, THURSDAY, JUNE 2nd.

Dr. Helen MacMurchy, of the Child Welfare Department, Ottawa, congratulated both associations on the manner in which they carried out their deliberations during the different sessions. Her address on Child Welfare was exceedingly interesting and much appreciated.

Miss Enid Forsythe interested her hearers with her talk on the "Milk Campaign Week," as carried on by her section of Child Hygiene, Canadian Public Health Association.

The following papers were then read and received with applause:— "Specialized Public Health Nursing," by Miss Jean Urquhart, and "Generalized Public Health Nursing," by Miss Eunice Dyke. The meeting then adjourned.

MORNING SESSION, JUNE 3rd, 1921.

Session called to order at 9.30 a.m. Minutes of last session read and approved. Registration of delegates took place. There was a difference of opinion as to the voting power of members who were not delegates. After considerable discussion, it was moved by Miss Randal, seconded by Miss Fairley, "That by a vote of all accredited delegates present at this general meeting, be it resolved that the constitution be waived for this meeting, and that all members of affiliated societies may vote on minor matters, with the proviso that a division vote may be called for at any time by an accredited delegate, when accredited delegates alone may vote." Carried. The President then asked for the roll call, and it was found that 37 out of the 47 affiliated organizations holding membership were represented. Miss Randal read her report on the "Canadian Nurse Magazine," moved its adoption, and asked that the discussion on it be left over till the afternoon. This was agreed upon. Reports of standing committees were read and approved. Reports of special committees were called for:—

COMMITTEE TO FORMULATE PLANS—

Whereby the Y.W.C.A. may co-operate with nurse training schools to forward the Christian student movement. The President stated that owing to no response to the secretary from Miss Gilroy, the convener originally appointed for this committee, it had been arranged that Miss Martin should act as convener, this matter having been amicably settled between Miss Gilroy and Miss Martin. In the absence of Miss Martin, Miss Forde read the report, which was approved and laid on the table for discussion.

COMMITTEE RE MISSION TO ROUMANIA—

Miss Matheson, convener, stated that she had no report at present. An address had been given before the Toronto Chapter of the C.A.N.E., but as yet no active work had been done.

PRIVATE DUTY SECTION COMMITTEE—

Miss Gaskell, the chairman, gave the report, which was adopted. She presented the proposed by-laws, which the President stated would be taken into consideration at the next executive meeting.

Memorial Committee—

„The report of the convener, Miss Gunn, dealing with the proposed memorial to the army nursing sisters, was read by Miss Matheson, and laid on the table for discussion.

The Archivist, Miss Snively, gave a most interesting report on the history of the organization of the C.N.A.T.N. At the conclusion, the wishes of the meeting were asked for regarding the disposition of this report. Moved by Miss Matheson, seconded by Miss Catton, "That Miss Snively's report be printed in book form and be the nucleus of the history of the association and that the matter be left in the hands of the present Publication Committee of the C.N.A.T.N." Carried. Miss Randal suggested that the report be numbered Vol. 1 of the History of the Association. At this point Miss Snively announced that in future she would be unable to keep the office of archivist. This was received with marked signs of great regret by all those present. A telegram from Miss Flaws was received, stating that she was with the meeting in spirit and regretted her inability to be present.

Discussion opened on the National Nursing Service Committee. Miss Browne was of the opinion that the function of the committee was over. She thought that, as the Canadian Red Cross Society had taken up the work, and as we were so closely associated with that society, the need for our committee is not so evident as in past years. She moved "That the special committee of the National Nursing Service be discontinued." Seconded by Miss Potts. Miss Gray brought up the question as to whether or not the provinces might not find it helpful to have this committee, even though not active at present. Miss Randal suggested that the provincial associations could make arrangements to suit their particular needs, and all could be brought to the annual convention of the C.N.A.T.N. for comparison and discussion. Miss Browne's motion carried.

Re Nursing Mission to Roumania—

Miss Matheson, convener, said that the Montreal nurses had done something towards the support of this mission, Miss Browne thought, as this was the only project carried on by Canadian nurses in Europe to her knowledge, it should be encouraged and supported as much as possible. She moved: "That this special committee continue, and keep this organization informed from time to time regarding the mission, and to report any way in which we can assist at any time." Seconded by Miss Randal. Carried.

Private Duty Nurse Section Committee—

The President explained that the plans submitted could not be accepted as they were worded, and asked that the matter be left over till later. Miss Gaskell, convener, informed the meeting that it was the intention of the committee to present an amended form of plans for the sec-

tion later on. Miss Gunn's letter regarding the formation of a committee for combatting Venereal Disease was read. It was moved by Miss Gray, seconded by Miss Randal, "That Miss Gunn be appointed convener of a committee of the C.N.A.T.N., and that each provincial association appoint one representative on the national committee, this representative in turn being convener of the provincial committee." Carried.

The President stated that the Secretary had not, as was the custom, written to the affiliated organizations for reports of the year's activities. Owing to this, very few reports had come in. She asked that the reading of these reports be left over till the afternoon session. The meeting then adjourned.

AFTERNOON SESSION, JUNE 3rd, 1921.

The President called the meeting to order at 2 p.m. and asked for the minutes of the last session, which were read and approved.

Discussion on the Christian Student Movement.

Miss Gray understood that it would not be possible for our students to affiliate, except through the Y.W.C.A. She considered that the training schools would be better affiliated with the colleges; especially as we hope to be more closely connected with them later on. Miss Jamieson remarked that resolutions at the end of the report, if acted upon, would decide this and other questions.

Discussion on Memorial for Army Nursing Sisters.

Miss Urquhart thought that, before deciding definitely on any style of memorial, the opinion of Miss Macdonald, the matron-in-chief, should be obtained, as Miss Macdonald would most likely know the views of the 3,000 nursing sisters in Canada. Mrs. Ballantyne thought that a memorial, to be national, should be contributed to in a small way by every Canadian nurse, supplemented and endorsed by the Federal Government, and placed in Ottawa, the capital of the Dominion. Miss Randal considered that the opinion of the matron-in-chief would be invaluable, and it was decided to discontinue the discussion till Miss Macdonald could be interviewed.

Discussion on the "Canadian Nurse Magazine."

Before discussing the magazine, a letter was read which had been sent to the President by Miss Randal, asking her to ask for free discussion of the magazine and its management. This letter, and one from Miss Dickson which she had sent to the affiliated Associations on April 15th, were again placed before the Association and read. Mrs. Manson, representing the Edmonton G.N.A., opened the discussion by saying that her association had directed her to express their complete confidence in the Editor, and to say that, in future, they were prepared to take more

interest in the magazine and to do everything in their power to help it along, and they sincerely hoped there would be no change in the management.

Confidence in the Editor was expressed by every association with the exception of the Florence Nightingale Association of Toronto. In expressing their confidence in Miss Randal's management, the representative of each society had some suggestions to make for the betterment of the magazine, and a keen interest was shown by this and the number of questions asked. Ottawa General Hospital A.A. suggested placing it for sale in book-stores, so the public might see and buy it.

Mrs. Ballantyne, Ottawa, asked if subscriptions increased in the past year or not. Miss Randal stated that, when the nurses took over the magazine, the bona fide subscriptions were 1,300. They fluctuate from month to month, the highest number being 1,850, and last September they dropped to 1,525.

The feeling of the Hamilton nurses, as expressed by Miss O'Brian, was that Vancouver was too far west for printing the magazine. They thought that the middle west would prove an advantage.

British Columbia G.N.A. suggested that the provincial associations might make their fee cover subscription to the magazine. This is what British Columbia hopes to do.

Nova Scotia G.N.A. did not think the nurses supported the magazine as they should.

New Brunswick G.N.A. felt that it was much easier to find fault than to remedy some of the difficulties.

Grace Hospital A.A., Toronto, thought the magazine should be strengthened, and, in order to assist, they had raised their fee to include subscription to the magazine.

Saskatchewan R.N.A. considered that there was lack of support, both as to contributors and subscribers. They would like to see the report of the annual convention printed before the autumn. They thought the magazine too cheap, and suggested that extra expenditure might improve the magazine and make its value greater as the official organ of the association.

Miss Breeze asked if the nurses suported the magazine by reading it. She gave an instance where a play had been sent in written by a school child in Vancouver and published in the public health section of the magazine. The Red Cross Society had read the play and asked permission to use it; it had been mentioned in leading papers, and yet, when several nurses had been asked their opinion of it, they had to confess that they had not seen it at all.

Miss Browne told of the great joy the magazine had given her while abroad, as well as to the eighteen others with whom she had been associated. She thought some articles this past year were of special merit,

and our magazine compared most favorably with the British nursing journals. She could not see why the geographical position could affect it in any way.

The Editor then stated that she was getting very little help from the discussion, and what she needed was help. She would like to know what the majority of the nurses wanted. Some nurses ask for reprints, as few read medical journals; others did not wish these reprints, but thought only original matter should be in. One department, a new one this year, that of the Canadian Army Nursing Service, in charge of Miss Macdonald, was much appreciated, and Miss Macdonald's interest and promptness in doing this work were commented upon.

The discussion ended when Mrs. Manson moved: "That a vote of confidence in Miss Randal and her management be given by this association, and that each organization represented take home the views here expressed and give every support possible to the magazine." Miss DeLany seconded the motion, which was unanimously carried.

The meeting adjourned at 4 p.m.

EVENING SESSION, JUNE 3rd, 1921.

The meeting came to order at 8.15 p.m. The Secretary then read the minutes of the afternoon session, which were approved.

A paper entitled "Duties of Private Duty Nurses on Obstetric Cases," given by Miss Barrett of the Montreal Maternity Hospital, was much appreciated, as were the others which followed: "A Word about Private Duty Nursing," by Miss Beers, read by Miss Phillips, and the "Private Duty Nurse," read by Miss Phillips, but written by Miss D. Hay, brought a short discussion on several points in each point of view.

A report of the American League of Nursing Education, held at Kansas City recently, was given by Miss Buck.

Miss Catton presented her paper, "A Code of Ethics for the C.N.A.T.N."

Miss Dickson stated that what had been in mind was a handbook showing the duties of the various officers. Some do not carry out the work required of them because they do not know exactly what is required.

Miss Randal thought "A Code of Procedure" might be the correct name for the handbook.

Miss Dickson said that, in an association that she had been connected with at one time, the retiring secretary had left the minutes of meetings, notification of committee appointments, in fact a great deal of data, to her successor to straighten out. She thought the handbook might cover a case of this kind. She considered that at this time there was a great lack of courtesy. She wanted this book to be personal, and

thought we should adhere to the name "Ethics" in connection with it.

No action was taken.

Miss Matheson moved the adjournment.

SATURDAY, JUNE 4th.

The meeting came to order at 9.55 a.m., and the President opened the session by asking the secretary to read the minutes of the last session, which was done, and the minutes approved. The election of officers was then carried on, resulting as follows:—President, Miss E. MacP. Dickson (by acclamation); 1st Vice-President, Miss Jean Brown; 2nd Vice-President, Miss Ethel Johns; Secretary, Miss Frances Macmillan (by acclamation); Treasurer, Miss Jean Wilson; Archivist, Miss Florence Potts.

The names of the Nominating Committee for 1921-1922 were arranged. Nominated from the chair — Miss Breeze, British Columbia; Miss Graham, Nova Scotia. Nominated from the floor—Mrs. Manson, Alberta; Miss Foy, Ontario; Miss Phillips, Quebec.

Regarding the report of the Army Nursing Sisters' Memorial Committee, the President asked for the wish of the meeting in the absence of the matron-in-chief, Miss Macdonald.

Miss Randal moved "That a letter be sent through our Secretary to Matron Macdonald, expressing regret that her opinion regarding this memorial had not been sought." Miss Fairley considered that in making a motion of this kind we would be admitting an error, when she was sure the kindest intention was meant.

Miss Urquhart asked if this was to be a gift to the Sisters. She had understood it was a memorial to the sisters who had lost their lives overseas.

Miss Fairley thought the word gift was being used wrongly. We should have something definite, she thought, decided upon before consulting the Nursing Sisters. It was not intended to leave them out in any way. During the discussion, Matron-in-Chief Macdonald arrived and the President stated that the members would be very glad to have her speak to them.

Miss Macdonald expressed her indebtedness at being given the opportunity to say something on the subject. She considered it to be a matter of the greatest interest, not only to nursing sisters, but to the whole Dominion, and particularly to the whole nursing profession of Canada. She said that she decided to come to Quebec with the hope that she might state her views on the memorial. She had a very definite idea as to what form this memorial should take, and through what channels subscriptions might flow. Since the Convention opened she had information which determined her to withhold her views for the present. In

regard to her having been approached in the matter, she said that in Toronto, some time ago, in casual conversation, the convener had asked if she would be willing to serve on the committee, and she had assured Miss Gunn that she would be happy to do so. Since that date she had heard nothing, so that at present she thought it wise to withhold her views in regard to the proposed memorial.

Miss Dickson said she hoped the committee would be able to give some satisfactory explanation, and expressed her regrets that through a misunderstanding such a mistake should have occurred.

Miss Gray stated that the Memorial Committee would dissolve at the end of their year's appointment unless something was done. She proposed that the session remain in sitting till later and a decision brought down regarding the committee and its work. Carried.

The report of the committee was again read. A member from Nova Scotia said that their decision was in favor of a national memorial in Ottawa; failing that, they would vote with the majority.

Miss Macdonald admitted feeling more enlightened since hearing the report. In view of the fact that some of the provinces had not made a decision, she thought it unwise for the meeting to be too definite. She did not care to express her opinion as to the form the memorial should take, as she understood there was no financial objective set. Apart from this the meeting should have a definite plan.

Miss Randal thought we should have a national memorial, and, in addition, each province might arrange whatever form a provincial memorial should take and arrange things as they chose. She moved "That this association decide on some permanent structure, the actual and definite form to be left to a committee and established in Ottawa as our federal centre, the final decision of the committee to be brought to the association for aproval." The motion was amended by the addition "that the matron-in-chief be a member of the committee." Unanimously caried.

Miss Graham moved "That the matron-in-chief be convener." Miss Macdonald declined this honor with thanks, but expressed her willingness to serve on the committee. It was finally agreed, on motion of Miss Gray, "That the recommendations of the memorial committee that a strong national committee and a committee from each province be appointed and that Miss Dickson, Miss Macdonald and Miss Gunn, with the conveners of the provincial committees, should form the National Committee."

Miss Breeze moved "That subscriptions should not be limited to contributions from the nursing profession only," seconded by Miss Phillip and carried. It was then decided that the national committee should outline a campaign and submit it to the provincial organizations.

Discussion on Christian activities in training schools was asked for. Miss Macmillan moved "That this matter, with our endorsation, be re-

ferred to the C.A.N.E. as a training school problem." Seconded by Miss Randal. No discussion. Carried.

The secretary then read resolutions from the Manitoba G.N.A. and the Saskatchewan R.N.A. in regard to the letter published in the March issue of the Canadian Nurse, signed "Private Nurse."

Miss Randal said that she had one criticism to make, and that to the effect that no one had asked for her reason for its insertion in the magazine. At different times she had asked nurses to write letters to the magazine and assured them that if they gave the editor their name that it would not be published without their consent. She thought that his way was the only way in which we could hope to have free discussion in the columns of the magazine. When the letter came to her she did not look upon it as a personal attack, although it did seem bitter. As a member of the national executive, some of the criticism might have referred to her or any other member, although she did not take it as a personal attack. Miss Johns did not consider it a criticism of her paper, stating that her questions were not answered or the letter relevant, but she, as editor, considered it was a criticism of Miss Johns' paper and not a personal attack at all. She regretted very much that the May issue of the magazine had not reached the members owing to the printers' strike, as it contained letters that were expected to be read before the meeting. She asked the privilege of reading these letters, which was granted. She had consulted a lawyer as to the legal point of view, and, to his mind, there was nothing strictly personal as to attack in it. Miss Catton thought that each nurse should sign her name as openly as matters are discussed at meetings. She regretted that it should have appeared in the magazine that goes to other countries, as it would cast reflection, not on Miss Johns only, but on the whole profession as well. Miss Gaskell said that it was far from her to reflect on anybody, but would like to know if there was not a little tendency to criticise the private duty nurse. She said her first visit to a convention was last year, and she had hoped to return home with much that would be inspiring to the other private duty nurses. There were five of these present, and they all felt that the private duty nurse was the butt of the meetings. Miss Johns had made a remark that many private duty nurses remained on cases much longer than required in order to draw large fees, which is usually something not settled by the nurse. Miss Gaskell went on to say that last year a laywoman had come to the convention and did not say a word in favor of the private duty nurse. This laywoman did not criticise any other branch of the profession, and she could not help carrying this fact back to her association. She felt rather tired of criticism and nothing else, but this year things were different—there was much to take back with her of a helpful nature. Miss Catton remarked that at the convention Miss Johns had classed herself as a private duty nurse. Mrs. Manson said that in Alberta, when criticism regarding this matter had been brought before

them, they decided that it was not worth noticing. Miss McPhedran moved: "That letters continue to appear in the magazine under a nom de plume, provided the name and address are in the hands of the editor, leaving it to her discretion to withhold any letters which, in her opinion, are of a personal nature." Miss Gaskell seconded this motion. Miss Gray felt very keenly about letters without signatures being put into the magazine. She thought we should be big enough to stand criticism and brave enough to write our name under it. A division vote carried the motion by 66 in favour.

The question of a paid secretary then came up. Someone suggested that it would be better to finance the provincial associations first and then take up the question of the national.

Discussion took place on the raising of affiliation fees from ten cents to twenty-five cents per capita. The vote showed 87 in favour and 40 against the increase. Carried.

The resolution regarding the proposed Florence Nightingale fund was read by the secretary. It was decided not to assist with this project.

The President read a recommendation from the executive that three honorary members be elected at this meeting, and stated that the constitution allowed for only two to be so elected at any one meeting. On motion from Miss Phillips it was decided to waive the constitution in this particular and to do honor to those whom we wish to make honorary members at this convention. It was moved by Miss Hersey, and seconded by Miss Randal, that Miss Livingstone be asked to accept honorary membership in the C.N.A.T.N. Moved by Miss Madeline Shaw, and seconded by Miss Tedford, that a like honor be extended to Miss Snively. The third recipient of this honor was Miss Stanley, whose name was proposed by Miss Fairley, and seconded by Miss Wilson.

On proposal of Miss Matheson, it was further decided that the founder of this association, Miss Agnes Snively, should be elected our honorary president. This was unanimously and enthusiastically carried.

In reply, Miss Snively said that at this time she was enjoying the embarrassment of honors. Some years ago the American association had been good enough to make her an honorary member of their society, which was then known as the Society of Superintendents of Training Schools in the United States and Canada. The words "and Canada" had been inserted by her good friends, that she might be admitted to membership. There were no associations in Canada in 1903. In 1907, in Toronto, the superintendents organized, and the first annual meeting took place in Montreal the following winter. It then became imperative that the American Society became incorporated, and to do this they had to drop the words "and Canada." The nurses in Canada benefitted by the experience of women who were interested in organization. Miss Snively went on to say that she did not want to lose touch

with the nurses, she still wanted to be a part of the association, and therefore accepted the honor done her. She said that one hears continually of Canada, but the Dominion is as great only as its people, and as nurses, it is what you really are that counts.

Election of Councillors then took place. Results were as follows:—

LIST OF OFFICERS ELECTED AT THE ANNUAL MEETING IN QUEBEC CITY, QUEBEC, JUNE 4th, 1921.

Hon. President, Miss Snively, 50 Maitland St., Toronto, Ont.; President, Miss E. MacP. Dickson, Toronto Free Hospital, Weston, Ont.; 1st Vice-President, Miss Jean Browne, Director of School Hygiene, Provincial Government, Regina, Sask.; 2nd Vice-President, Miss E. Johns, Vancouver General Hospital, Vancouver, B.C.; Secretary, Miss Frances Macmillan, Royal Alexandra Hospital, Edmonton, Alta.; Treasurer, Miss Jean Wilson, 94 Gilmour St., Ottawa, Ont.; Archivist, Miss Florence Potts, Hospital for Sick Children, Toronto, Ont.

COUNCILLORS.

British Columbia—Miss Helen Randal, Vancouver Block, Vancouver, B.C.; Miss Jessie MacKenzie, Royal Jubilee Hospital, Victoria, B.C.

Alberta—Miss Victoria Winslow, Medicine Hat General Hospital, Medicine Hat, Alta.; Miss E. McPhedran, Central Alberta Sanitarium, Calgary, Alta.

Saskatchewan—Miss Mabel Gray, 1821 Scarth St., Regina, Sask.; Sister Allarie, Grey Nun's Hospital, Regina, Sask.

Manitoba—Miss S. Persis Johnson, Brandon General Hospital, Brandon, Man.; Miss Ethel Gilroy, 674 Arlington St., Winnipeg, Man.

Ontario—Miss Kate Matheson, Riverdale Hospital, Toronto, Ont.; Miss Grace Fairley, Hamilton General Hospital, Hamilton, Ont.

Quebec—Miss S. C. Young, Montreal General Hospital, Montreal, Que.; Miss Mabel Hersey, Royal Victoria Hospital, Montreal, Que.

New Brunswick—Miss Mitchell, General Public Hospital, St. John; Miss A. Whyte, Doaktown, N.B.

Nova Scotia—Miss C. M. Graham, 1 Duncan St., Halifax; Miss Winifred Reed, 396 Tower Road, Halifax.

Prince Edward Island—Miss McKinnon, Prince Edward Island Hospital, Charlottetown, P.E.I.; Miss Annie Ross, Summerside Hospital, Summerside, P.E.I.

The President then asked for the report of the resolutions committee. A report from the joint committees of both national organizations was read by Miss Catton, in which all the individuals and groups of people contributing to the entertainment and enjoyment of the nurses were formally thanked.

Miss Mary Shaw responded for Quebec.

Miss Emory moved a sincere vote of thanks to the retiring treasurers, Miss Katherine Davidson, Miss Phillips, Miss Hersey, Miss Rutherford and Miss Macmillan.

The secretary then read invitations from Edmonton G.N.A. and the Registered Nurses' Association of Alberta, to meet in Edmonton in 1922, and one from The Alumnae of the Ottawa General Hospital, Ottawa, asking us to come there for the same year.

It was decided that the invitation to go to Edmonton in 1922 be accepted.

Miss Potts moved the adjournment.

President's Address.

This tenth annual convention of the C.N.A.T.N. is an eventful one, inasmuch as it marks the close of the first decade in the history of the association. Further, it is eventful in that we are honoured by having with us to-day the founder and archivist of the association, who is to tell us all about our birthday, something about our baby days, and something about our ancestry. It has been my privilege to have a peep at this history of our early doings, and I am of the opinion that our founder will feel that her very precocious infant has grown to be rather a dull and lazy child; that this may not be found to be so at the period of adolesence, we must arouse ourselves to greater endeavour. It may be well, then, that we consider, for a moment, the objects of our association and the facilities with which we are endeavouring to carry these objects into effect. We have in our constitution six distinct objects; let us consider them consecutively:

Number one reads: "The object of this association shall be to encourage mutual understanding and unity among associations of trained nurses in Canada." It is plainly, then, not the duty of this association to direct the activities of its members. Indeed, if this were an object of the association, it would be impossible of fulfilment; for, while there is a B.N.A., the policies of our national organization must of necessity be as limited in scope as that of our Federal Government. We need not regret our limitations, for there yet remains much for us to do as a unifying force in the nursing world. We are pleased to note that in the past year we have had the privilege of lending some assistance and encouragement to the one province which has never before had official representation in the organization. I refer to Prince Edward Island. On investigation, we found that there was no provincial organization, not even an alumnae association, formed in the province; by our encouragement and advice, much of which was conveyed through Miss A. E. McMahon of the Dominion Red Cross, to whom we owe much for interest and energetic service, A.A. have been formed, and negotiations are under way for the formation of a provincial association, and standardization of the four training schools of the province. We are, therefore, proud, and perhaps justly so, to announce that on the ticket of nominations there will appear two official representatives from P.E.I., thus making the Dominion representation complete. We trust that in the coming year we may, through the sections, be able to establish a greater degree of mutual understanding, not only among associations of nurses, but between various groups of nurses to be found in them. There has been found to be a grave lack of mutual understanding among the groups engaged in the various fields of endeavour, which, in the past, has not been conducive to either harmony nor progress. There

is a specialty for everyone and a place in the community for every specialty.

The second object is: "To acquire a knowledge of the methods of nursing in every country." As in the past, this task has been ably assumed by Miss Florence Potts, Toronto, whose report you will hear at this session. In addition to this report, we have this year the result of the international questionnaire on nursing which was issued by the International Red Cross Societies. This was obtained through the courtesy of Dr. Ruggles George, of the Dominion Red Cross. Such information gathered from year to year is a nucleus for a bureau of information, and it is, therefore, a regretable fact that as yet we have no central point at which all this information might be submitted and made available to the members on application.

The third object reads: "To elevate the standard of professional education." While much successful work has been done through the provincial associations of trained nurses to elevate the standard of professional education, this association has not been in a position to fulfil this object even in a small degree, since it has neither a committee nor a section on nurse education.

There was a time when the professions stood for higher scientific knowledge and general culture than was to be found among the trades, and, in consequence, members of the professions justly claimed a higher place in society than that occupied by others. To-day one may well ask the questions: have we of the professions become too materialistic and have we lost appreciation of the value of culture, or is it that the trades have developed such a high standard of education and culture, which makes for scientific efficiency, that these two classes occupy positions in society so nearly parallel? In this connection one may well enquire in what respects, in regard to general culture and standing in the community, does the average chef not compare favorably with the average dietitian, the average contractor with the average architect, the average skilled machinist with the average physician, and the average dressmaker or milliner with the average graduate nurse. It is the breadth of training, improvement, and refinement of mind, morals and taste that is to keep the professions even on a par with other vocations of life. There must, in the nursing profession especially, be a predominating note, which is "Service." Effective service must meet the needs of the people, and this fact must be borne in mind when considering modern education of nurses, if we are to retain the status of a profession, rather than to become merely an educational cult.

It is significant that in the most recent report of the Jefferson Hospital, Philadelphia, and after 28 years of experience in the training of nurses, the following statement is made:—

"At no time in its history has the school been more prosperous. The entire organization is under the direction of the hospital committee,

to which, through the medical director, all matters of discipline and curriculum are brought for final consideration. Recognizing that proper teaching of the science and art of nursing can be best accomplished under the supervision of medical men, it has been provided that the course of study be formulated and directed by the hospital staff. For this purpose there is appointed annually a committee of the staff, known as the Training School Committee, consisting of six members, who outline the curriculum and designate the teachers of the separate branches.

The directress of the training school is the executive, having immediate charge of the work done by the pupil; she supervises the practical instruction in wards, operating rooms, diet kitchen and in classes for which purpose she is supplied adequate assistance. The Nurses' Home is under her immediate supervision, as is also the home life of the pupils in training and all her subordinates.

The course of study is three years, during which time the directress of the training school assigns each pupil, for definite periods, to the various wards and services. Such practical training under skilled supervisors best applies the science and most adequately teaches the art. The course of study is modified and improved year by year, always with the idea of betterment. Like all other professional schools, changes are necessary for improvement; to stand still is retrogression. Each year new subjects are introduced or old ones taught in new and, it is believed, better ways."

Would it not seem to be more desirable that we should keep the training of nurses in the hands of nurses, and for this reason might it not be well that, from the physician and from the graduate nurse engaged in other than training school work, we should seek and accept suggestions for the preparation of the students who are to ultimately join the ranks outside the institution.

I must not forestall the several reports or the discussion on post-graduate courses for nurses which will be had at this convention, but may I not be permitted to say one word of appreciation in regard to the establishment of these courses? As a body of nurses, we owe much to those who planned and worked so unceasingly for the establishment of these courses for which the nurses of Canada have so long clamoured. We know that in each province where such courses have been established it has only been through the effort of the few who had vision that the dream has become a reality. We owe much to the nurse directors of these new departments, all of whom are pioneers in their respective provinces. We owe much to our provincial divisions of the Red Cross, which in each instance gave moral and financial support.

As a tangible evidence of our appreciation, and at the bidding of the last general meeting held in Fort William, the members of the Canadian National Association of Trained Nurses have contributed the sum of Five Hundred Dollars, to be left in Quebec as a scholarship to enable

some nurse to enter the department of nursing in the University of McGill.

The fourth object reads: "To promote a high standard of professional honour among nurses in all their relations."

From what has come to me as an officer of various nurses' associations, it would seem that there are those among us who do not seem to apply to the professional life the principles of ethics which we supposed were taught to each nurse in training. This may be the fault of our teaching—I do not know—but the fact remains that groups of nurses are constantly debating, after graduation, "Is this thing right, or was that thing wrong?" and we are constantly being criticised by the public.

In our training days we were taught that the good of the patient must always come first, and yet we frequently hear of the nurse who, during a critical period of a case, decides in a flash that she must go to nurse an aunt or an uncle who is ill, and some new nurse must take her case.

Again we were taught that we should be impartial, outwardly at least, to all physicians, and above all that we should not speak disparagingly of any of them to the friends of patients; and yet, only the other day, I had a complaint to the effect that a nurse, who had previously made a splendid impression on the sister of a patient, asked what surgeon had been suggested by the family physician. When the name was given the nurse is reported to have said, "Oh what do you have him for? No one ever heard of him; why don't you have doctor so and so?"

Then there is the public health nurse who knowingly countermands the order of the family physician, and prescribes a temporary diet. At the same time she tells the mother that the physician is all wrong in his ideas of infant feeding.

This seeming indifference to ethics is not confined to the nursing profession. We see evidence of disregard in this respect in every walk of life. Indeed it is doubtful if such breaches as I have cited are common among our members, but they are apparently common enough to attract attention and thus re-act unfavorably on the whole nursing body. We are living in a new era, which, with its increasing laxity of discipline in the home training and waving of many conventions, makes the task of training student nurses not an easy one. For this reason every superintendent should have the support of the alumnae, through both practice and precept, if the traditions of the profession are to be maintained. It has seemed to many of the members of the executive committee that a code of the principles of ethics for this association might be of some service, both to the association and to us individually, in our professional life.

The fifth object deals with the encouragement of a spirit of sympathy with the nurses of other countries. This spirit is strongly developed in the association, and in the past few weeks we have had an

opportunity of being of practical service through our international affiliation. I refer to the Dominion-wide publicity given to the protest made by our British sisters in regard to what they term the unauthorized and indiscriminate begging of Lady Martin Harvey on behalf of the British nursing sisters.

The sixth and concluding object urges the provision of facilities for international hospitality. In this respect we have been sadly lacking, and I trust that the incoming executive committee may be able to evolve a plan by which the courtesy of some official recognition may be extended to our many distinguished international guests.

By this cursory review of the objects and work of our association, it may be seen that, while not much has been accomplished in the past year, we are still progressing. When we have fulfilled all our objects, we shall have accomplished all that lies within the scope of a national organization such as ours, but there will be still ample scope for development within the individual provinces, and it can only be through the effort of the individual members of the federated associations that we can hope to fulfil all the objects set forth in our constitution.

One word about our affiliations:

The Association has three affiliations, viz., The International Council of Nurses, the National Council of Women, and the Social Service Council of Canada.

In regard to the International Council of Nurses, it may be noted that during the war period and up to the present time we have paid no fee, and cannot until such time as a national policy is declared in regard to our relation with alien countries.

In regard to the National Council of Women, I feel that we have been in the past year very inactive members. We have paid the required fee, given any possible information which has been asked of us, and have received from the Council very full reports of the Executive meetings. We have, however, had no funds with which to send a delegate to the meeting, although we are indebted to Miss E. Ross Greene, who, at her own expense, attended the meeting at Niagara Falls.

If we are to retain membership in the N.C. of W., it should be our desire to add something of value to its work and to receive in return some benefit from it. It should seem that this could best be done by contact of the A.A. with the local councils, so that when a question of national importance comes to us for consideration we may be in a position to give from this body a decision which is national rather than local.

Our most recent affiliation is that which was decided upon by the last convention of this association, viz., Social Service Council of Canada.

It has been stated that "The evolution of the trained nurse in the future depends on the evolution of women." If we accept this state-

ment and if we have due concern for the status of the members of our profession, can we afford to be indifferent in regard to such questions as those with which the Social Service Council of Canada deals? Assuredly not! Mrs. Joseph, in her very excellent report of the last annual meeting of the council, which was the first in which you had representation, enumerates the various questions with which the council dealt. These questions had never received the serious consideration of the association, and, in consequence I, and undoubtedly the other delegates, felt that while we had personally gained a great deal from the conference, we had contributed nothing. It might not be amiss just here to suggest some plan by which we may make our membership in the council of real value. Dr. Shearer has very kindly consented to briefly address the delegates at the convention, and I shall therefore make a somewhat casual reference to this our most recent affiliation. In a word, I should say that in every province there is a Provincial Social Service Council, and in every province there are local units to which the local nurses may attach themselves. These provincial councils and units are all considering the same questions, and it is only through this general interest and connection that we can speak as national representatives when sent as delegates to the council meeting.

I would like, before concluding, to touch upon one or two questions of the day which seem to affect us as nurses.

The question of state medicine is at the present time commanding the attention and consideration of the medical men in some of our provinces. Any form of state medicine, if adopted, will in some way affect the nursing profession. We might, therefore, be well advised to make a study of the proposed plans in the various provinces, so that the part played by the nurses, in any scheme adopted, may be in the interest of the public, the physician and the nurse.

It would seem that the group most likely to be affected by any form of state medicine would be the private duty nurse, and they are to be congratulated that they shall not be found unorganized when the time comes for conference on this very important movement.

At the beginning of a new decade in the life of this association it might not be inopportune to suggest that you undertake the compilation of a history of "Nursing in Canada." The existing records consist of from three to four pages as an appendage to fuller histories of other countries; with training schools established nearly half a century ago, and their founder still with us; with the newer provinces, which have made such wonderful advances, and still enthusiastic in regard to their effort, and with the wealth of records available in this marvelous old Province of Quebec, it would indeed seem to be the very noon day of our opportunity to compile a Canadian history of nursing, a copy of which should find a place in the libraries of every training school and of every municipality of the Dominion. Might not such a brochure even

be worthy of consideration as a fitting memorial to our Army Nursing Sisters of whom we are justly proud?

In the past few years there have sprung up trained workers, known as physical therapy nurses, dental nurses, etc.

There is still a growing demand in the community for a nursing service for those of moderate means. This demand is coming not only from those who desire such service, but from the medical profession as well; one rarely opens a medical journal but one finds some reference to the need. Dr. Mayo, in a recent article in the American Journal of Medicine, states "that the registered nurse, under present conditions, is a luxury that cannot be obtained except by the well-to-do, and this brings the question: Is the trained nurse a luxury or a necessity? The answer must be that she is a necessity. The high-standard registered nurse is one of the greatest blessings of modern civilization. She has spent three years of twelve months each in training after graduation from high school, thirty-six months in all, the equivalent of a university course of four years of nine months each, and in a university the same time and work would have won for her the degree of Bachelor of Science. The registered trained nurse is not overpaid, considering the character of her training; rather is she underpaid, for she represents the best type of human machine for the care of the sick. But we need other types of nurses less highly trained, but nevertheless important social service vehicles, the Fords, so to speak, of the nursing world."

These needs will eventually be met by some group just as the need for physical therapy and dental nurses was met. Is it your desire that such a body be a lay body or that you should have some share in shaping such policies as may be adopted to meet this need?

It would seem that an association such as ours could do much to supply a nursing service for every class and in such a manner as might not be detrimental to the nursing profession.

The world moves so quickly now-a-days that those who are saying it cannot be done are continually being interrupted by somebody doing it.

Let us then one and all take our part in "the great international congress, always sitting where the course of public opinion is shaped day by day a little near to the right," and above all let us be known for our deeds. I would like to express my thanks and appreciation for the hearty co-operation of all the officers and councillors of the association and to the federated associations which have so loyally supported the executive committee in the past year. In conclusion, may I ask that for the days of the convention you take the following Club Women's collect:

"Keep us, O Lord, from pettiness; let us be large in thought, in word, and in deed. Let us be done with fault-finding, and leave off self-seeking. May we put away all pretence and meet each other face to face, without self-pity and without prejudice. May we never be hasty in judgment, and always generous. Teach us to put into action our

better impulses, straight-forward, and unafraid. Let us take time for all things; make us grow calm, serene, gentle. Grant that we may realize that it is the little things that create differences; that in the big things of life we are as one. And may we strive to touch and to know the great common woman's heart of us all, and O, Lord God, let us not forget to be kind."

E. MacP. DICKSON, President.

Report of the Secretary of the Canadian National Association of Trained Nurses for the Year Ending May 31st, 1921.

Madame President: Members of the Canadian National Association of Trained Nurses:—

I beg to submit herewith the eleventh annual report of the Secretary.

MEMBERSHIP

The present membership consists of forty-seven affiliated organizations, classified as follows:—National Organization, 1; Provincial, 8; Alumnae Associations, 27; Graduate Nurses' Associations, other than Provincial, 11. Last year closed with a membership of 5,474. The total membership for this year comes to 9,110.

Applications for membership were made by four organizations, all of which were referred to the membership committee, who will report concerning them.

An application form was forwarded to one other association, which has not since been heard from.

MEETINGS

The last meeting took place in Port Arthur and Fort William in July, 1920.

For lack of a quorum, it has been found impossible throughout the year to hold more than two executive meetings. The officers appreciate the alertness with which the provincial councillors of the Canadian National Association of Trained Nurses have attended to correspondence. Had this not been so, the business of the association would have been materially handicapped.

A copy of the minutes of the meeting held in Fort William was forwarded to members of the executive, but unfortunately not to the affiliated associations.

On October 4th an executive meeting was held in Montreal. A

copy of the minutes of this meeting was forwarded to members of the executive and to the affiliated associations.

CORRESPONDENCE—(Routine Business)

About five hundred and fifty routine business letters were forwarded by the secretary since September 1st. These may be classified as follows:—(a) Notification to service on committees; (b) Minutes of executive meetings; (c) Letters notifying members of the executive committee and secretaries of the affiliated associations of action taken by the national organization; (d) Correspondence with the editor of the Canadian Nurse Magazine.

CORRESPONDENCE—(Special)—Re McGill Scholarship Fund.

The members were circularized regarding subscriptions to the McGill scholarship, and a report of the result will no doubt be given by the treasurer.

RE FLORENCE NIGHTINGALE HOSPITAL AT BORDEAUX.

The different affiliations were circularized regarding this, with the result that eight associations in all were heard from, two agreeing to assist in this project, the remaining six not in favour of assisting. A resolution concerning this will be submitted later.

RE NATIONAL NURSING SERVICE COMMITTEE.

It will be remembered that at the last annual meeting the personnel of this committee was changed to consist of the following:—Two National Presidents, two National Secretaries, Chairman and Secretary Public Health Section, Secretaries of each Provincial Organization, and Conveners of the Public Health Committee from each province.

Owing to the delay in the appointment of the provincial convener of public health committees and the subsequent election of officers for the section, no chairman of this committee has been appointed. However, at the executive meeting held in Montreal on October 4th, the president of the association was appointed convener.

We have to report that the two national presidents, in May, interviewed Dr. Robertson, president of the Dominion Red Cross, and Mrs. Plumptre, convener of the Committee on Nursing of the Dominion Red Cross, to discuss possible plans for national enrollment of nurses for emergency service. Both Mrs. Plumptre and Dr. Robertson were of the opinion that the enrollment would have to be done provincially, and it was decided that the Red Cross Society would send a letter to the provincial divisions of the Red Cross, suggesting that the divisions should communicate with the graduate nurses' associations in their respective provinces, with the idea of adopting some plan of enrollment.

Saskatchewan reports a plan of enrollment which has met with favour with the Saskatchewan division of the Red Cross and is now in operation.

British Columbia reports that negotiations are under way for enrollment of graduate nurses with the British Columbia division of the Red Cross.

RE AGENDA FOR ANNUAL MEETING.

Members of the affiliated organizations were circularized as to matters to be discussed at the annual meeting. Several responded, and resolutions forwarded will be submitted in full.

RE BUREAU OF INFORMATION.

The association is reminded that at the last annual convention the following resolution was passed: "That we establish a bureau of information this year and the question be referred back to the affiliated organizations, and action be taken as quickly as possible."

Since this would involve an expenditure of money, and as there was but some $200.00 in the treasury, the matter of necessity stands as last year.

CORRESPONDENCE WITH OTHER ORGANIZATIONS.

RE DIVISION OF CHILD WELFARE OF THE FEDERAL DEPARTMENT OF HEALTH.

The Secretary was instructed to write the Division of Child Welfare, Federal Department of Health, that the Canadian National Association of Trained Nurses would like to emphasize the need of Canadian posters, movies, phamphlets and literature in connection with child welfare.

RE SOCIAL SERVICE COUNCIL OF CANADA.

This dealt with the application for affiliation of the Canadian National Association of Trained Nurses with the Social Service Council of Canada and the subsequent procuring of same.

RE CANADIAN RED CROSS SOCIETY.

This dealt with: (a) Shortage of applicants; (b) information concerning executive of the Canadian National Association of Trained Nurses and requirements necessary for membership.

This association was represented at the Child Welfare Council on the Red Cross Advisory and Consultative Committee by the President, and at the Social Service Council annual meeting in London by the President and local representatives. A full report of the latter will be made by Mrs. Josephs at this meeting. At the Advisory and Consul-

tative Committee of the Dominion Red Cross, our president submitted the following resolution, which was unanimosuly adopted:

Whereas there is great dearth of both trained and untrained nurses for the care of the sick and for public health work in the Dominion of Canada,

And Whereas there is an increasingly grave shortage of applicants to nurse training schools all over the continent,

And Whereas it may, in the very near future, become necessary for many of our hospitals to close their doors to patients because of lack of nursing staff,

Be It Resolved: That this advisory committee do recommend to the Canadian Red Cross Society that some campaign be launched in an endeavour to bring before our young women this crying need of Canada and to recruit students for nurse training schools.

Preliminary to launching this campaign the Dominion Red Cross issued a questionnaire for the purpose of ascertaining the possible causes for the alleged shortage of applicants to our training schools.

The result of this questionnaire has already been made at previous meetings of the Canadian Association of Nurse Education.

MISCELLANEOUS CORRESPONDENCE.

Under this heading may be grouped the enquiries which came from Great Britain and the United States regarding registration laws and nursing conditions in Canada.

In conclusion I wish to thank the members of the executive of this organization, as well as those of the affiliated organizations, for their patient forbearance with me during the past year.

Mistakes have been made through stress of time and lack of knowledge of the work—not through neglect.

(Signed) FRANCES MACMILLAN, Secretary.

Report of Public Health Nurses' Section.

Thursday, June 2nd, was the day set aside by the C.N.A.T.N. for the meetings of the Public Health Section.

Meetings were held in the morning and evening and were presided over by Miss Elizabeth Breeze, chairman of the section.

The organization of the section was discussed at great length, and several changes in the by-laws were the outcome of the discussion. The by-law requiring the payment of $1.00 (One Dollar) membership fee was deleted, and other changes made providing for better organization in connection with the provincial associations.

Most interesting reports were received from all provinces and were particularly encouraging, and showed the progress made in the education of the general public in the prevention of disease, child and infant welfare and general health problems. It was particularly interesting to note the growth of the public health service. Each province reporting an extension in almost every branch of public health nursing. We hope that it will be possible to publish these reports in the magazine.

The training of nurses for public health nursing was also discussed, and many interesting and helpful suggestions made. The work being done along this line in the various provinces was reported.

A most interesting address was given by Dr. Helen MacMurchy, Chief of the Division of Child Welfare, Department of Health, Ottawa. Dr. MacMurchy spoke on "Child Welfare." She gave a brief history of the department which she represented and an outline of the work which they hoped to do, and made a stirring patriotic appeal to all to work, saying that this was the duty of every citizen, not only to themselves but to Canada. She gave an illuminating illustration of the work to be done in Canada in the infant welfare branch, giving statistics showing the very high death rate and the necessity and the various ways in which this could be reduced. Dr. MacMurchy concluded her address by paying a tribute to the ancient capital, to the nursing sisters of the Canadian Army, to the nurses who did their bit at home, to the soldiers and to all Canadian women.

Miss Enid Forsythe, Executive Secretary, Section of Child Hygiene C.P.N.A., spoke on the importance of milk as a food for children, and dealt with qualities of milk and demonstrated how necessary it was for a growing child. She described the Milk Campaign week held recently in Toronto, as a result of which the sale of milk increased 32,000 quarts daily, which showed the parents were awakened to the necessity of providing milk food for the children.

Interesting addresses were also given by Miss Jean Urquhart, Department of School Hygiene, Regina, Sask., on "Specialized Public Health Nursing;" by Miss Eunice Dyke, Director of Public Health Nurses, Toronto, on "Generalized Public Health Nursing;" by Miss Beryl Knox, Director of Public Health Nurses for the Province of Ontario, on the work of the nurses in that department, emphasizing specially their pre-matal and infant welfare work.

The meeting of the section concluded with the election of officers, which resulted as follows:—Chairman of the Section, Miss F. Emory, Toronto, Ont.; Vice-Chairman, Mrs. Charlotte Hannington, Ottawa, Ont.; Secretary, Miss Muriel McKay, Toronto, Ont.

NOTICE.

The following notice, sent in by the President asking for publicity for it, is hereby inserted. It is sent out by the Civil Service of Canada, and we feel sure that positions such as this might be most attractive to

nurses who should be eligible for this or any other similar positions which may be advertised from time to time.

SUPERVISOR OF WOMEN'S DIVISION, DEPARTMENT OF IMMIGRATION AND COLONIZATION.

2537. A Supervisor of Women's Division, Department of Immigration and Colonization, at an initial salary of $2,700 per annum, to be increased upon recommendation for efficient service at the rate of $120 per annum, until a maximum of $3,300 has been reached. No cost of living bonus will be paid for this class as the salary has been computed on prevailing rates.

Duties.—To be responsible, under direction of the Deputy Minister of Immigration and Colonization, for the supervision of the female Immigration; to advise on matters of policy and to assist in the framing of regulations; to supervise the staff engaged in the work of inspecting and caring for female immigrants; to appear before Women's Organizations both in Canada and foreign countries; to explain the operation of the established immigration policy; elucidate regulations and bespeak co-operation; to prepare articles for the public press; to handle correspondence; and to perform other related work as required.

Qualifications.—Education equivalent to high school graduation; at least six years' executive experience in Women's Organizations of a public character; practical experience in dealing with immigrants; a thorough knowledge of Immigration laws and their application; tact and good judgment; proven administrative and organizing ability of a high degree. While a definite age limit has not been fixed for this competition, age may be a determining factor when making a selection.

Examination.—Subjects and Weights as follows:—Education and Experience, 5; Oral Examination and Interview, 5. Only those who qualify in Education and Experience will be admitted to the Oral Examination.

This position was advertised November 8, 1920, and is now being re-advertised.

GENERAL DIRECTIONS.

Selections for eligible lists of applicants qualified to fill similar vacancies which may occur in future may be made from the applications for these positions.

According to law, preference is given to persons who have been on active service overseas in the military or naval forces of His Majesty, or any of the Allies of His Majesty, during the late war. The age limit does not apply to persons who have seen active service overseas, but these candidates must furnish a certified copy of their discharge certificates, or in the case of commissioned officers, a certified statement of their military services.

Application forms properly filled in must be filed in the office of the Civil Service Commission not later than June 16. Application forms may be obtained from the office of the Employment Service of Canada, or from the Secretary of the Civil Service Commission.

By Order of the Commission.

W. FORAN, Secretary.

Ottawa, May 23, 1921.

Care of Liquid Nourishment During Night.—In many homes and rooming-houses there is no convenient place to keep liquid nourishment during the night. A nurse, especially with a delirious patient, is not able to leave the room even for a few minutes. I have found that by driving several tacks in the outside window-sill, so as to inclose the covered tumbler or pitcher containing the liquid, it will be kept in a cool place, and the window may still be shut without any discomfort.

Editorial

The wish to have the report of the convention, with reports from the various committees, appear in one and the earliest possible issue of the magazine, was expressed by many of the delegates to the Quebec convention. This makes us a very large issue, and so all else but this matter is left out of the July special number. After many weeks of waiting for the printers' strike to be settled, we have been able to get this number out, the first since April. Letters have been sent to all subscribers, stating the reason for the non-appearance of the magazine, and the editor asks for the consideration of the nurses till things are normal again.

The convention in Quebec was well attended, representatives from all provinces, except Prince Edward Island, being represented. Newfoundland had its visitor present in the person of Miss Southcott, who is always interested in progressive work in the profession. There was a marked increase in full and free discussion of various viewpoints, which shows that nursing matters are being better understood, and the need of delegates being well informed as to the wishes of their various associations is felt to be more required if the voice of the association is to be used as it should. We seem to be outgrowing the feeling that a different point of view and decided opposition of points discussed mean a personal opposition or animus. There is usually more than one point of view or angle of matter under discussion, and the part of wisdom is to present both that an intelligent vote can be obtained. The C.N.A.T.N. may confidently feel that the week of work in Quebec will mean much to each individual nurse.

As usual, the entertainment given us was most delightful and enjoyed to the fullest extent. Quebec, noted for its hospitality, gave of its best. The delightful entertainment given us by the Rotarians started us off on Monday evening, and from that time till Saturday came, all free time was planned for our pleasure. The trips to the Quebec bridge, and to Kent House for luncheon, with the afternoon at Ste. Anne de Beaupre, gave us the picture of the beautiful surroundings of the old city. Spencerwood, the beautiful residence of the Lieutenant-Governor, were seen by us when His Honor, Sir Charles Fitzpatrick, invited us to the reception given in honour of the King's birthday.

The full programme of entertainment is inserted, as follows:—

PROGRAMME.

Monday, May 30th.—Members of Executive entertained at Luncheon by Mrs. J. T. Ross, at her home "The Highlands."

4.30 P.M.—Guests of the Alumnae Association Jeffrey Hale's Hospital for tea in Chateau Frontenac parlors.

9.00 P.M.—Informal reception by Rotary Club, at Chateau Frontenac.

Tuesday, May 31st.—Luncheon given by the Quebec Provincial Association at Chateau Frontenac.

Wednesday, June 1st, 4.00 p.m.—Drive and visit to Quebec Bridge, guests of Mrs. J. R. Ross, at the Highlands for tea.

Thursday, June 2nd, 1.15 p.m.—Entertained to Luncheon at the Kent House, Montmorency Falls, by the Directors of the Jeffrey Hale's Hospital and trip to St. Anne de Beaupre.

Friday, June 3rd.—Garden Party at Spencerwood, by the Lieutenant-Governor and Lady Fitzpatrick.

Saturday, 4.30 p.m.—Guests of Lady Price for Luncheon at the Chateau Frontenac.

Superintendents of training schools may not know that 150 specially selected slides of Dr. Maude Abbott's History of Nursing may be obtained from her at the small price of $75.00. Additional ones may be had at forty cents each. The editor had the privilege of seeing these in Montreal, and feels sure that when this opportunity is known to the schools many will take advantage of it. Address Dr. Abbott, care of the Medical Library, McGill University, Montreal.

Correspondence Re Letter to the Editor, March Issue

Read at Quebec Convention, June, 1921

Toronto Free Hospital,
Weston, Ont., April 5th, 1921.

Miss Ethel Johns, R.N.,
Director of Nursing,
Vancouver General Hospital,
Vancouver, B.C.

My Dear Miss Johns,—

The enclosed copy of a letter, in reply to one from Miss Winslow, to me, will explain why I am writing to you in reference to a letter over "Private Nurse," which appeared in the March issue. I very much regret the appearance of this letter, which is apparently open to varying interpretations. If, as I said in my letter to Miss Winslow, I am dense and you consider the letter in the light of a personal attack, it is my desire that the best possible means should be taken to right the wrong that has been committed, as far as possible, and to prevent such a recurrence.

I realize that one's friends are often more worried over these things

than is oneself, and for this reason I would be glad if you would let me know your interpretation of the letter and whether or not you would permit us to take the matter up. While I assure you of every support, I do not wish to act the part of the "Officious Friend."

With very kind regards,

Faithfully,

E. MacP. DICKSON,

President.

The Vancouver General Hospital Training School for Nurses,

Personal. May 3rd, 1921.

Miss E. MacP. Dickson,

President Canadian National Association of Trained Nurses,

Toronto Free Hospital, Weston, Ont.

My Dear Miss Dickson,—

The attached letter is self explanatory. I should like it to be read at the convention in Quebec and subsequently to be published in the Canadian Nurse Magazine at as early a date as possible. At first I had intended to take no notice whatever of this incident, but such pressure has been brought to bear upon me that I have thought it better to explain my stand in the matter.

Thanking you for your letter, and with kind regards,

Very sincerely yours,

E. JOHNS.

The Vancouver General Hospital Training School for Nurses,

May 3rd, 1921.

Miss E. MacP. Dickson,

President Canadian National Association of Trained Nurses,

Toronto Free Hospital, Weston, Ont.

My Dear Miss Dickson,—

I have been in the east attending the convention of the American League of Nursing Education in Kansas City, and, by a series of accidents, your letter of April 5th failed to reach me en route and has only come to my desk this morning, after being forwarded to a succession of addresses. I am very sorry indeed that this delay has occurred, but I am sure you will understand that it was unavoidable in the circumstances.

The letter from "A Private Duty Nurse," which appeared in the March issue of the Canadian Nurse, was most certainly construed by me as a personal attack. It could not be regarded as anything else since it discussed none of the points of my article, answered none of the questions raised therein, and made no intelligible criticism of it whatever.

To take any notice of a letter couched in such language was, of course, quite impossible. I therefore made no reply and have taken no

action whatever concerning it.

With regard to the propriety and wisdom of an editorial policy which permits publication of letters of this type in the National Nursing Journal, I have nothing whatever to say. I am content to leave this matter where it belongs, in the hands of the Canadian National Association of Trained Nurses.

May I, through you, offer my most cordial and heartfelt thanks to the various organizations and individuals, especially private duty nurses, who have protested against the publication of this unprovoked attack. It has touched me very deeply that such protest has been made, and I only wish I were more worthy of the kindly and whole-hearted defence of my fellow nurses.

With kind regards,

Very sincerely yours,

E. INCLEDON JOHNS.

REPORT ON NURSING PROGRESS

I think we all agree that last year's report presented by Miss Stanley was so thoroughly covered that there is little to offer in the form of anything new as applied to the most advantageous means of Publicity. However, the suggestions set forth have all more or less been taken advantage of, and although the results of this publicity are not specially mentioned, one would assume that some benefit had been derived from the various means suggested, as there is no special mention made of the great scarcity of applicants to the training schools throughout the country, which was emphasized in previous reports. One school in Western Ontario says very definitely that there is no dearth of applicants, and I think this is equally true of other schools throughout the province, although not reported.

The principals of some of the high schools show particular interest, and also some of the daily and weekly newspapers who have been approached have given generous space and wide publicity in the interests of the nursing profession.

Many of you will have read in one of our daily papers where a city in one of our western provinces is setting the pace and arranging an "education day." One of the outstanding men of the continent is to be the speaker, and events of the first order are to characterize the day.

The whole aim is to advertise education, and to those of us who are interested in the development of education, particularly that of nursing, will look forward to the results of this definite piece of publicity. Some person has said that Canadians are too reticent and modest in pro-

claiming the wonderful resources and advantages of their country. This, I think, is equally true of the nursing profession. The time has come when we can no longer afford to hide our light under a bushel. More publicity should be given to the demands made by the community upon our various nursing organizations and the handicaps encountered in trying to meet these obligations.

There does not seem to be any doubt in my mind that, if the whole system and the importance of graduating efficient women from our schools were given generous publicity and the benefits derived by the community clearly set forth, we would find a more generous contribution of educated women to our schools of nursing with a desire to prepare themselves for the many fields of public usefulness requiring them.

The following Provinces have reported on Publicity:—British Columbia, Miss E. Johns, R.N., Convener; Manitoba, Miss M. E. Martin, Convener; Alberta, Miss V. Winslow, R.N., Convener; Saskatchewan, Miss M. F. Gray, R.N., Convener; Ontario, Miss E. M. Cook, Convener.

SASKATCHEWAN.

While, during the past year, no organized publicity work has been undertaken by the Provincial Nursing Association, no opportunity has been lost which offered itself to keep the nursing profession favorably before the public.

There have been two conventions of the Provincial Registered Nurses' Association held during the year in different parts of the province; due notice of these meetings has been through the press in all of the larger towns of the Province. Representatives of the press have been invited, and have been present at both conventions, and the meetings have been well reported.

The Provincial Association is affiliated with the Provincial Council of Women, and a number of the local associations are affiliated with the local councils. Through the conveners of the public health committees, in both the provincial and local councils, as well as reporting fully on progress in public health measures, the nursing situation has been fully explained to the members of the council—laying stress on the urgent need for more well-educated young women, and showing the many opportunities for service and for advancement open to young women with a nurse's training.

Through the collegiate institutes, publicity is still given to the offer made by the Red Cross Society of $100 scholarships, one offered to a student from each of the collegiate institutes of the province, who shall have matriculation standing, and who shall take the course of training for a nurse in one of the recognized schools of the province.

Through the members of the staff of the Division of School Hygiene, who visit the public schools and collegiates in all parts of the province where permanent nurses are not employed upon the staff, and through

the regularly employed school nurses, nurses and nursing are kept before the mind of the students.

In the public schools, at least of Regina, through the educational committee of the Boys' Federated Council, arrangements were made with the School Board whereby a series of vocational talks were given to both the boys and the girls of the senior grades. Nurses were invited to assist in these vocational talks, and they have been privileged to speak to the girls in a number of the schools on "Nursing as a profession."

While there has not been formed in Saskatchewan a Chapter of the C.A.N.E., at the convention of the Provincial Association last fall, a nursing education committee was formed, and through this committee it is expected that this year organized publicity work will be undertaken.

MANITOBA,

The publicity committee of the Manitoba Association of Graduate Nurses regrets to report that the following few items cover the activities of the committee for the year:—

A letter drawing attention to the need of student nurses, and giving an outline of a course in nursing, has been sent to the principals of the high schools in the province.

Each student, when going on holidays, has been asked to endeavor to recriut at least one probationer.

Pamphlets on nursing education, calling attention to nursing work and stating the opportunities open in the field of nursing, etc., and articles written by our foremost educators on nursing education and training school problems, have been sent to various associations engaged in public welfare and to sundry women's organizations, educational groups, and boards of trustees of hospitals.

The attention of the public through the press has been called to "The National Hospital Day," the 12th of May, the anniversary of the birthday of Florence Nightingale, with invitations to visit these hospitals and nurses' residences, with the view to becoming better acquainted with conditions in such institutions.

ALBERTA.

No definite propaganda has been undertaken in our province, as this year there has been no shortage of applicants, at least not among the larger training schools. In Medicine Hat I have been rather closely associated with several groups of the Canadian Girls in Training, during the past winter, and arranged some four or five evenings for each group, when I either gave talks on nursing or demonstrated various things of practical value in home nursing—in all about twenty or twenty-five classes.

The Canadian Girls in Training are organized all over Canada, and

to me it would seem that we have a unique opportunity for securing valuable material. We can not only direct their thoughts towards nursing, but can as well impress on them the serious nature of our work and the importance of sound preparation for it.

The girls who have identified themselves with the Canadian Girls in Training groups are exactly the type we need, drawn as they are from the more earnest and thoughtful class of young women. Many of them are high school girls, and if nursing as a vocation is properly put before them, many will be attracted and continue their studies with that object in view.

The organization of these girls has already been effected, so that all that remains for the nursing profession is some slight organization on their part to make an opportunity of getting in touch with the various groups, and, judging from my own experience, they will greatly welcome any such attempt. The provincial secretary and organizer for Alberta has undertaken to interest nurses in the various centres and ask them to give talks and demonstrations not only for the value which the Canadian Girls in Training may derive from the helpful suggestions on health, etc., but as well to place nursing as a vocation before them.

QUEBEC.

In presenting this report this year, we feel justly proud to be able to tell you that the course at McGill University for graduate nurses is an accomplished fact, and a most successful first year has just been concluded. Miss F. M. Shaw, a graduate of Teachers College, Columbia University, Department of Nursing and Health, was appointed directress, and has proved the wisdom of the appointment in the excellent course she has organized. Two courses were given, one for teachers and supervisors in schools of nursing and the other in public health nursing. The first is designed as a preparation for posts as instructors, supervisors or assistants in schools of nursing. Some lectures are especially given for the students of the schools of graduate nurses, others are taken with students in the department of physical education and social service. Visits are made to the various hospitals in the city. The second course is one of public health nursing, and is intended to prepare nurses to organize and supervise general public health nursing or to carry on one of the special types of such work. In addition to the regular students, nurses engaged in institutional and industrial work, social service, etc., have taken one or more courses as partial students; a fact which is distinctly an educational advance. Scholarships were given from the registered nurses association of the Province of Quebec, also one from the Royal Victoria Hospital and the Montreal General Hospital and others outside the province. It is due to the generosity of the Provincial Red Cross that these courses were established at McGill University.

Since the last annual meeting, the memberships of the Registered Nurses' Association for the Province of Quebec has increased from five

hundred to over one thousand members. All nurses working in the province seem keenly interested, and, to further stimulate this interest, a meeting was held in Sherbrooke in March, and it is hoped the next meeting will be held in Quebec.

This association has been fortunate in securing the services of Miss Mary Samuel to make a survey and report on the training schools of the province, which has been found necessary owing to the fact that a number of small hospitals which we did not know existed have been applying for registration for their nurses.

In connection with nursing progress, it may be of interest to note that a section of public health nursing in the province has been organized under the convenership of Miss Sarah Fraser, which no doubt will be of great assistance to those engaged in this line of work.

ONTARIO.

In some parts of the province letters have been sent to clergymen asking them to use their influence in urging young women of the desirable class to consider this opportunity for service and to speak of the advantages of nursing as a woman's profession.

Women's institutes have also been addressed, although it has been considered by some as inadvisable—the cause defeating itself by having a semblance of recruiting.

Addresses have been given to high school girls.

One superintendent of a training school is writing for a lay magazine which has a large circulation. The subject is "Nursing," and is to be illustrated every month with hospital pictures.

The film entitled a "Pupil Nurse's Day Work," which was brought to the attention of this meeting last year, was used at the Ontario convention of women's institutes. The Toronto chapter offered to loan this film to the women's institutes for their classes in home nursing, which are held in various districts throughout the province.

Some schools have taken the opportunity to present the advantages of nursing as a profession at their graduating exercises; this being a most auspicious occasion and an event that would make a strong appeal and favorable impression.

Many of the training schools throughout the Province of Ontario report better teaching facilities, more paid assistants in the training schools, a keener interest displayed by the various medical staffs, and an effort to shorten the hours of duty for the pupil nurse.

The first class of fifty nurses who have taken the public health course at the University of Toronto graduated on the 20th of May. These nurses will be the means of disseminating useful knowledge of health, disease, and prevention of disease, through the medium of the social service, visit-

ing nurse, and public health nursing movements, in the welfare departments of large industrial and commercial enterprises, in sanitation, and the warfare against tuberculosis, and in the most efficient methods of dealing with infant mortality. We are indebted to the Ontario division of the Dominion Red Cross for their assistance in making this new department of public health nursing in the University of Toronto possible, but we feel that any assistance given towards the course will be amply repaid by the efforts of this group of nurses in disseminating and making effective the knowledge which they have received, in their dealing with the various social problems and the prevention and treatment of disease.

Very definite need for health teaching in the rural community has been revealed by means of a medical inspection survey of some of the rural schools. In January of this year a chief medical officer was appointed for the province and the position of director of school nursing division created. The staff for this survey has been augmented and now numbers seven physicians, seven nurses, and the school demonstration staff numbers five. The plan as outlined is: (1) To make a survey of all the rural schools in the province; (2) to demonstrate school health supervision where the reports of surveys have not stirred up sufficient interest in a community to have a school nurse appointed. To assist in bringing this about, the department is paying an annual grant per class-room to committees combining to form a unit. The numerous requests for a survey, and also for a demonstration nurse, that are coming to the department from all parts of the province are sufficient evidence of the value of the course in the rural schools.

To standardize school health work and prepare nurses for this work, the department of education has instituted a course for school nurses. The initial class in 1919 numbered 30. Last year the attendance was 64. Judging from enquiries this year, the possible attendance warrants it being continued.

Health supervision of schools has been too narrowly conserved, but we have come to realize that almost everything which contributes to the conservation of the child belongs to this scope. Hot lunches, efficient physical training, healthful school environment and formation of auxiliary classes are now a very definite part of the health programme.

Health education in rural schools has a vital relation to the safety and welfare of the nation as a whole. Therefore it cannot receive too much attention and support at the present epoch in the history of the country.

The first class of fifty nurses who have taken the public health course in the University of Toronto graduated on May 20th. The nurses who have taken this course will be fully qualified to take child welfare, school hygiene, community nursing, and hospital extension. The demand for nurses who have taken the public health course is very evident, as many of the graduates have had positions in view before the completion of the university term.

The Western University of London, Ont., established a department of public health nursing in October, 1920. Dr. W. H. Hill as director. The course extends over an academic period of eight months. Ten students enrolled, four of them for the full course and six for part time; the six nurses taking part are engaged in public health nursing in London, and, by extending the course over a period of two years or more, it allows them an opportunity of obtaining a diploma without giving up their work. Lectures and laboratory work are given by the professors and instructors from the Western University and Institute of Public Health. The field work given under the supervision of schools, tuberculosis, industrial child welfare, communicable diseases, pre natal, Victorian Order and social service supervisors. The local Red Cross chapter is financing a supervisor for this course.

At the annual convention of the provincial association held last April, one of the outstanding movements of the various alumnae associations throughout the province was the efforts put forth, the ways and means to raise sufficient money for the awarding of scholarships for this new department of public health nursing in the Western University and also in the University of Toronto. Also scholarships for the course in the public health and teaching in McGill University.

BRITISH COLUMBIA.

The report to this committee on nursing progress from British Columbia shows definite gain in standardization of training schools and the curricula connected with them through the efforts of the Graduate Nurses' Association of British Columbia, and the survey of training schools financed by them. The second round of these schools by the registrar shows that there is a decided improvement in all conditions; educational, housing, better working conditions and hours, and a better understanding by the hospital boards that there is an educational obligation to be met by them for the nurses in the hospital. Practically all the hospitals which cannot give a proper training according to our standards are affiliated with either the Vancouver General Hospital or the Provincial Royal Jubilee Hospital, Victoria.

The first registration examination under the Registered Nurses' Act takes place May 25th and 26th, with forty students taking them. Talks to high school girls throughout the province have been given by the registrar when asked to do so in the towns where she was surveying the schools. The school boards have always been pleased to hold a special meeting to talk over matters with the registrar and a keen interest taken.

A committee was formed to see what arrangements can be made to supply the rural districts with a travelling teacher for scattered training schools, and several applicants have presented themselves in case the difficulties can be arranged for and overcome this autumn. This

will be one of the most helpful ways of benefiting the training schools, and the enthusiasm that the suggestion met with at the annual meeting in Victoria showed the need.

A scholarship of $1,000.00, to be given to a registered nurse of British Columbia allowing her to take any course of post-graduate work given in any Canadian university, is also a feature of the year's activity in nursing progress.

A list of accredited training schools, those on a year's probation and those which do not come up to the standard, will be prepared and will be at the disposal of those interested in nursing and conditions in training schools.

The shortage of pupils is not as evident as was shown on the last survey, and, with better hours for working, better housing conditions and a definite educational equipment and obligation, will do much towards making the life of a nurse a more appealing one to the average young woman.

SASKATCHEWAN.

Having been asked to report on the progress of nursing during the past year in the Province of Saskatchewan, I should say that I am enclosing a copy of the suggested minimum standard curriculum for training schools, recently compiled by a committee appointed for that purpose, and which is being presented to the Senate of the University of Saskatchewan for their approval. This speaks for itself and shows what the aims of the province are along the lines of the education of nurses.

I feel myself that the ideals of nursing are not being upheld as they should be, but that is unfortunately true of many other professions as well.

Hospital boards and superintendents are having it impressed upon them more strongly that if they desire the proper type of applicant for training, they must arrange for shorter hours and more time for study and theory.

In some hospitals in the province courses in dietetics have been arranged, the pupil nurses going to the collegiate for lectures and practical demonstrations, and the smaller training schools are making efforts to affiliate with the larger ones and so give their students a more complete course.

We have many applicants for training, but many have not the necessary educational qualifications. By bringing the profession of nursing before collegiate pupils, we are hoping to interest them and so secure applicants who realize the importance of the work they are undertaking.

A wonderful work is being done through the joint efforts of the Red Cross Society and the public health nurses, over 170 cases of

children who have had defects which could be remedied by proper treatment having been sent to hospitals, and these defects treated, through their joint efforts, with pleasing results.

So many avenues of work are opening up to nurses that the profession should appeal even more strongly than in previous years to the higher type of womanhood, but at present the demand for nurses in the west far exceeds the supply.

The advantages of registration are being more fully realized by the nurses than at first, but there are many graduates still who do not feel the importance, as they find plenty of work to do without registering owing to the great demand for their services.

MANITOBA.

During the past year the superintendents of the five training schools for nurses in Winnipeg arranged to centralize the teaching of certain lecture courses for their students.

The University offered their lecture rooms, and the schools selected lecturers for twelve subjects; this afforded opportunity for a more uniform teaching for the various schools and relieved the busy doctors of the duplication of courses, the class work being carried on by the various schools. An application has been made to the university to make an extension course for next year, and we have reason to believe that this is being favorably considered, in which case a synopsis of the lectures given will be available to all training schools throughout the province as a help in the preparation of lectures, to the often already overburdened teaching staff, which too often consists of one nurse (superintendent of hospital) and a very few very busy doctors.

There are ten schools in Manitoba, two in Saskatchewan, and one in Ontario affiliated with the Winnipeg City Hospital for infectious diseases; of these thirteen schools two are affiliated with the Winnipeg General Hospital and two with the Children's Hospital. There is also one school in Saskatchewan affiliated with the Winnipeg General Hospital, making a total of fourteen schools which are affiliated with the Winnipeg schools.

Several of the schools in the province are using the "standard curriculum" as far as possible, and find it very useful.

There is no doubt that a travelling instructor would greatly solve the teaching problem, also a training school "consultant," who should of necessity be thoroughly experienced in training school work, to go from school to school helping to arrange the curricula affiliations, recruiting, standardization of teaching, equipment, etc., particularly for the weaker schools.

In centralizing the teaching, there is no doubt that more time is required for travelling to and from the Central School than for lectures in the hospital school, but it can be done in two and a-half hours or three

hours if no more time is allowed for off duty. If we are to consider our schools as educational, more time should be allowed for study, lectures and class, and a certain amount of time for recreation. We feel confident that if our schools are made more an educational course and less an apprenticeship, we will have less difficulty than now in attracting desirable students and securing better nursing service.

ALBERTA

We are again able to report substantial progress in nursing affairs for the Province of Alberta. The full co-operation of the department of Health and of the University authorities having been secured, it has been found possible to tighten the bonds which bind us to the latter. Through an oversight the wording of our previous amendment giving the University control over our examinations was not well defined, and the only construction to be placed on it was that the University was given power to prescribe examinations but no power to control the curriculum leading up to such examination, or the conditions under which the training of candidates could be carried on. At the recent session we secured some notable concessions.

According to the amendments of 1921, the university senate is given power to:

(a) Fix standards of training with regard to bed capacity classes, lectures and other factors making for efficiency.

(b) Refuse recognition to any hospital in which such standards are not consistently observed.

(c) Prescribe the subjects and scope of the qualifying examinations hereinbefore referred to and appoint examiners to conduct same.

It was wished to give them power to fix standards of educational attainment of any person entering upon a course of training leading to registration, but the legislature declined to give such power, and the standard was, I believe, placed at entrance to high school. This we, as a body, much regret, but we believe it is only a matter for education on the part of the public and its representatives. We believe that when the legislative body realizes that nurses trained in the Province of Alberta will be handicapped in securing registration in other provinces or states, that our nurses cannot meet these on equal footing, it will not be a difficult matter to prevail on them to adjust this.

We succeeded his year, also, in having removed another disability under which nurses trained in our own province labored. Through the large heartedness of our late minister of health, nurses from outside provinces or states who were able to produce evidence of having had a training of at least equal to that required in the Province of Alberta were permitted to register without examination. This we felt was a distinct disadvantage to our own nurses — a disadvantage which was

done away with at the last session when the right to register without examination was restricted to those registered in other provinces, states or countries where the standard of qualification required for registration is at least equivalent to that required in the Province of Alberta.

We have still some problems to face. The provision giving the University power to fix hospital standards will necessitate hospital nursing inspection in the very near future. That is something to be worked out. Also the point before mentioned, viz., the raising of educational attainment required for entrance to accredited training schools.

In the lines of public health work, new fields have been opened up, more district nurses and public health nurses have been sent out, and the Alberta branch of the Canadian Red Cross Society has extended its work in unorganized districts where the government has not entered. This phase of the work is covered in the reports of the public health section. Three members of the Council of the Alberta Association of Registered Nurses are members of the advisory committee on rural hospitals and nursing service, and the most kindly co-operation prevails. Nurses employed in this branch of nursing service must be registered, or must signify their intention of becoming so at their first opportunity.

Regarding the trained attendant—I believe in our sister province she is called nursing housekeeper—nothing definite has yet been done. Negotiations are under way among the different women's organizations —the Women's Institute, United Farm Women of Alberta—and the Alberta Association of Registered Nurses to approach the government requesting them to take the matter up at the next session. We believe that there is a tendency to accentuate the nursing end of the training, whereas what we really need in our scattered settlements is some one to relieve the overburdened mother of her greatest anxiety in case of illness. To our minds the training which would be of greatest value would be that which accentuates the housekeeping side of the duties, and to this end we are recommending a course at one of our agricultural schools for a foundation. Here home nursing and first aid measures form part of the course. Afterwards we would recommend a term of service in one of our municipal hospitals or in other hospitals which are too small to conduct training schools. Then, to complete the training, a month or more on district work and public health work to assist one of our public health nurses. We believe that trained attendants should be afterwards licensed and controlled by the government and kept under supervision. We also believe they should be a mobile force. Central control is advocated, so that they may be moved from one health centre to another as conditions throughout the province require.

Much has been done. Our first act of registration was passed in 1916. In its main features it has been completely altered. I do not think any of us who at that time assisted in the struggle to obtain recognition regrets the acceptance of the less than half a loaf we were able to obtain. It has been generously followed up with fuller and deeper

powers and wider recognition year by year. A very necessary work within a short time will be a re-organization of our constitution to make it more workable. That is only a minor detail.

NOVA SCOTIA.

Yarmouth, N.S.,

Dear Miss Potts:—

Certainly I owe you an apology for not having answered your letter of April 21st. But I know you will understand, when you know I have had a very bad infected thumb, and have had it operated upon two or three times. It has driven me most crazy, and is not better yet, but I can carry on a little better.

Miss Potts, I'm sorry to tell you I cannot take this work up. I have not heard anything about it except from you, and I do not understand it. I am the only V.O.N. here, and have more work than I can possibly do for the order and it takes quite some time to do my record work, and the making up of my reports at the end of the month. Besides all this, I am almost isolated from the nursing progress of Nova Scotia away down here. It seems to one it would be far better to appoint some one who lives in Halifax, where they are in touch with all the work. Of course, I take the nursing magazines, and am very much interested in the work, but, to be successful in my work here, I have to devote every minute I have to it.

I have a very large area to cover here, and have a great many sick calls to make. Then I do a lot of prenatal work as well as child welfare. On Saturday afternoons I have a mother craft class of the teen age girls for the associated charities. On Tuesday evening I have a public health class at he Y.W.C.A., on Friday evening I give first aid, and home nursing to the Canadian Girls in Training, and have public health talks for the Local Council of Women, and at several public meetings here in town, and at the present time I am having a clean up campaign on back yards, taking pictures before the yards are cleaned and after, offering prizes to the children who do the best work, taking the prize winners' pictures and giving them a writeup in the local papers. This seems to excite and stimulate everybody's interest and promises to be quite a success. Later on the band boys are giving a concert for the benefit of the V.O.N., and then we are going to have a promenade concert when the tourists arrive here to get money for a runabout, so I can take in the prenatal work in the country and outlying districts. This, at the present time, I think is the most important work of the district nurse, because, while giving a prenatal visit, one can do child welfare work, and give public health talks at the same time; by showing the mother an interest in her children, one can accomplish so much more.

This is only about my own immediate work and not what you

wanted at all, but I really do not know in detail about the nursing progress in Nova Scotia.

I am leaving the service in November, so really feel it is useless to try to take on anything else, because my work demands almost every minute.

Really, Miss Potts, I'm sorry, but I know anyone else whom they could appoint would be far better than I. I regret very much being unable to carry on, but I think you can readily see I am handicapped. Thank you so much for the trouble you have gone to. I feel ashamed not to be able to do something, but, when I'm leaving the service so soon, I want to keep up with my work as much as I can.

Very sincerely,

WENONAH DURANT.

In reviewing the progress made along nursing lines during the past year, one cannot help but be impressed with the spirit of optimism evidenced for the future and the possibilities for greater advancement in our great profession.

The federation and co-operation of our national nursing organizations with other national bodies, the connection with some of our leading universities in Canada, the personal interest and appreciation expressed by the leaders of these universities, are cause for great encouragement, and would appear as though there was a future before us that cannot be estimated.

In spite of this, Miss Nutting says we are delayed and hindered, and our progress is impeded because we have too few among us who combine with a sound educational foundation the administrative ability and experience which would be necessary in the development of a new method. From our training schools must arise the leaders of all forms of future nursing, and every one should be a woman of liberal education.

It should not be too much to hope that the time is not far distant when provision will be made for the endowment of training schools of nursing in Canada for the development of the education of our nurses. Here, again, let me quote Miss Nutting, who says:—"It should never be for one moment forgotten that hospital training schools are the only institutions in existence that attempt to carry out an educational scheme with virtually no financial resources, and that hospitals are continually the scenes of quiet heroism of high devotion to duty and of constant sacrifice to self"—but the attitude of hospitals to training schools is another matter.

Statistics show that there is not one endowed school in Canada or the United States, which is the only hope for the development of an educational programme to meet the present day demands.

It will be interesting to know the results obtained by the Johns Hopkins School of Nursing, which is planning to raise one million dollars for their endowment fund. We will be interested to know of its success be-

cause of the influence it is bound to have upon other nursing centres, and I think our interest might also be called personal, owing to the fact that this progressive school has always been under the leadership of Canadian women.

I have not touched upon the importance of scholarships which will be spoken of in the reports of some of the provinces throughout the Dominion, which are interesting and show useful contribution to the development of nursing in Canada.

The following Provinces have reported:—British Columbia, Miss H. Randal, R.N., convener; Saskatchewan, Miss G. Campbell, R.N., convener; Manitoba, Miss Mary E. Martin, R.N., convener; Quebec, Miss S. E. Young, R.N., convener; Nova Scotia, Miss W. Durant, convener; Alberta, Miss E. McPhedran, convener; Ontario, Miss K. Matheson, convener.

(Signed) FLORENCE POTTS, Convener.

REPORT OF MEMBERSHIP COMMITTEE.

Madam President and Members of the Canadian National Association of Trained Nurses:—

I beg to submit the following report of the membership committee for 1920-21:

During the year four associations applied for membership, namely:—Quebec Registered Nurses' Association; Jeffrey Hale's Hospital Alumnae Association, Quebec City; St. Luke's Hospital Alumnae Association, Ottawa, Ont; Niagara Falls General Hospital Alumnae Association, Niagara Falls, Ont.

The cerdentials of these associations were investigated and all recommended for membership.

Respectfully submitted,

ELIZABETH BREEZE, R.N.,

Convener Membership Committee, C.N.A.T.N.

REPORT OF DOMINION SOCIAL SERVICE CONVENTION HELD IN LONDON, ONT., JANUARY 25, 26, 27, 1921.

The Social Service Council of Canada held its annual meeting in London, in sessions which were open to the public. Those who availed themselves of the privilege of attending were well repaid. Some thirty Dominion-wide bodies, including the churches, discussed for three days several of the most important and vital questions of the day. The work

of the council is broadly of a twofold character—legislative and educational. In its legislative capacity the council seeks to secure the enactment of amendment of laws that will check abuses, repress evils, and protect the weak. Its main purpose is to make it as easy as possible to do right, and as hard as possible to do wrong. From its varied composition it can safely be trusted to promote only wise and sane legislation. Much of the most advanced legislation of the day has been enacted under the inspiration of the Social Service Council of Canada. To its advocacy is due in large measure the formation of the department of health and the children's bureau at Ottawa, the enfranchisement of women, mother's allowances, abolition of patronage and kindred measures. Governments found it possible to pass these far-reaching measures because public opinion had been created and educated to the point of constitutional mandate and sanction. The meeting held in London is only a specimen of the educational work which has been systematically carried on throughout the Dominion. Experts who have given years to the study of these questions discussed Child Welfare, Marriage and Divorce, Illegitimacy, Delinquency, Housing and the Family Life, Social Hygiene, Industrial Life, Unemployment, Immigration, Political Purity and the Franchise, Criminology, Mother's Allowances, Race Track Gambling, the Status of the Indians, Public Amusements and Recreation, and Motion Picture Theatres. It was a liberal education to hear such authorities on their respective themes as Rev. Peter Bryce, Rev. Ernest Thomas, Dr. Shearer, General Sir S. Hughes, Miss L. Brooking, Mrs. O'Sullivan, Miss Charlotte Whitton, Lieutenant Loft, Canon Vernon, Bryce M. Stewart and many others.

The Canadian National Association of Trained Nurses, now affiliated with the Dominion Social Service Council, was represented at the convention by Miss E. MacP. Dickson, President C.N.A.T.N.; Mrs. A. C. Joseph, 2nd. Vice-President, G.N.A.O.; Miss D. Hutchison, President V.H.A.A., London, Ont.; Miss A. Mallock, 1st Vice-President V.H.A.A., London, Ont.; Mrs. Walter Cummins, Treasurer V.H.A.A., London, Ont.

The following are the officers of the Dominion Social Service Council for the year 1921: — Honorary Presidents, Most Rev. S. P. Matheson, D.D., Primate of Canada; Right Hon. Sir Robert Laird Borden; Chester D. Massey, Esq. Vice Presidents, R. W. Craig, K.C.; Lady Falconer; Mrs. S. R. Wright; Prof. E. M. Kierstead, L.L.D.; J. A. Maharg, M.P.; A. McA. Murphy; W. W. Wiggs; Rev. R. W. Ross, M.A. D.D. President, Very Rev. Dean L. Norman Tucker, D.C.L. General Secretary, Dr. John G. Shearer. Assistant Secretary, Charlotte E. Whitton, M.A. Recording Secretary, Dr. T. Albert Moore. Treasurer, Frank Sanderson, M.A., L.L.D.

Amongst the many appealing suggestions of the various speakers, there was one of special significance to graduate nurses, and to super-

intendents of training schools for nurses, which struck a sympathetic chord in the hearts of the nurses present at the meeting. It was the suggestion made by Mrs. Stevens, Toronto, "that Indian girls desirous to qualify as nurses, that they may be able to care for the sick among their own people, be admitted to training schools for nurses in Canada." Mrs. Stevens' report of the ravages made by sickness and disease (particularly tuberculosis) among the Indians was appalling, and the statement that the situation would be alleviated if proper skilled nursing was provided for them, but there is a lack of trained nurses, and the inefficiency of those eager to be of service and undertaking to do whatever possible, is pathetic. Conditions like this existing in our own land, and of which many of us have been deplorably ignorant! Now that we know of it—shal we permit it to continue? Let us, as nurses, at once realize that our duty is quite apparent. Heavy responsibilities will have to be shouldered, and possible obstacles to be surmounted, but our efforts will be crowned with success as we work diligently, conscious of being guided safely by the Hand of the Great Physician.

Respectfully submitted,

AGNES M. JOSEPH, Delegate.

MEMORIAL COMMITTEE.

To the Members of the Canadian National Association of Trained Nurses,—

In appointing a committee to consider and report on the question of a suitable memorial for our Canadian nurses who lost their lives during the war, the convener thought it advisable to ask each provincial association to appoint a committee of five members, in this way establishing an active committee in each province with a national convener.

The following summary will give you the response of the different provinces:—

British Columbia—The committee was not appointed in this province, as the secretary replied that the matter would be discussed at the next meeting of the executive committee.

Alberta—Miss Winslow reported that it was not possible to appoint a committee, as the executive did not meet any time in the near future. Miss Winslow kindly undertook the work herself and sent a questionnaire throughout the province to get an expression of opinion from the nurses.

Saskatchewan—The committee was appointed as follows:—Miss Hilda MacDonald, Saskatoon, Convener; Miss Alice Wiggins, Regina;

Miss Ruth Hicks, Weyburn; Miss Cora Kier, Moose Jaw; Miss Elsie Nicholson, Prince Albert.

MANITOBA—Miss Martin, Convener; Miss S. P. Johnson, Brandon; Miss M. L. McNeil, Winnipeg; Miss Clara Hood, Winnipeg; Miss Charlotte Powell, Winnipeg.

ONTARIO—Mrs. W. J. Smithers, Toronto, Convener; Miss Templeton, Sault Ste. Marie; Mrs. Ballantyne, Ottawa; Mrs. Campean, Walkerville; Miss Abernethy, Kingston.

QUEBEC—Miss Barratt, Montreal, Convener; Miss Young, Montreal; Miss Brick, Montreal; Mrs. Wooton, Montreal, Miss Hersey, Montreal.

NEW BRUNSWICK—The committee was not appointed in this province.

NOVA SCOTIA—The committee was not appointed in this province.

PRINCE EDWARD ISLAND—No communication was received from this province.

In submitting the report of this committee, it will be well for the members to remember that the committee has never had an opportunity of meeting, and this report is simply a summary of the reports from the different provinces.

A questionnaire was prepared and sent out. A copy of the questionnaire and the accompanying letter is attached to this report. The following summary will give some idea of the opinion expressed by the different provinces:—

BRITISH COLUMBIA—No definite expression of opinion received.

ALBERTA—Miss Winslow reported that she had been unable to get any definite decision from the nurses, as she had to do all the work by correspondence.

SASKATCHEWAN—Definite action was taken at the annual meeting of the Registered Nurses' Association of Saskatchewan and the following resolution submitted:—

> "The memorial committee of the Manitoba Association of Graduate Nurses heartily approve of the Canadian Association of Trained Nurses undertaking to secure a fitting memorial for our Canadian nurses, and would suggest that the memorial should take the form of;
>
> "First: The awarding of an annual scholarship to a nurse from each Province through the Provincial Nurses' Association for post-graduate work in any Canadian University chosen by the nurse to whom the scolarship is awarded. The scholarship to be limited to graduates of Canadian schools. The amount to be $1,000, or sufficiently large to cover the expense of one year's academic work.
>
> "If feasible, a sufficient amount of money be collected to provide interest on the principal sufficient to carry on the scholarship indefinitely; otherwise the collection of funds to provide one each year for a certain number of years.

"It was stated that $20,000 invested at 4 per cent. would carry on an annual scholarship indefinitely.

"The Committee believe that Manitoba nurses would be able to collect the amount.

"In connection with the scholarship fund, a permanent monument in a form of a bust of a Canadian Army Nurse in Service Uniform would be considered a memorial which would appeal to many — though the committee is not in a position to state what the approximate cost of such a monument would be."

Second: The establishment or helping to establish a modern training school in a foreign country—preferably India.

"Resolved that this committee approve of the Canadian National Association of Trained Nurses' undertaking to secure a fitting memorial for our Canadian nurses who gave their lives in the Great War.

"We approve of the awarding of a scholarship or scholarships to graduate nurses of each province through the Provincial Nurses' Association, for post-graduate work in any Canadian university chosen by the nurse to whom the scholarship is awarded.

"We consider that the sum awarded should be adequate to cover the entire expense of the full academic year. We would not limit the scholarships to Canadian trained nurses.

"We would suggest that sufficient money be raised so that the interest on the principal would carry on the scholarships indefinitely. We would suggest, also, that each provincial association be asked to collect a definite amount in proportion to its membership."

MANITOBA—Definite action was taken by the memorial committee of Manitoba. The following suggestions are offered for consideration:

ONTARIO—The question was discussed at the annual meeting of the Graduate Nurses Association of Ontario and the following decision reached:—"The form of memorial for Canadian nurses who lost their lives in the war 1914-1918 chosen by the Graduate Nurses' Association of Ontario in convention at Hamilton on March 31st—April 1st, and was 'Educational.'"

QUEBEC—First suggestion, permanent monument erected at Ottawa; second suggestion, a rest home for nurses in the different provinces.

NEW BRUNSWICK—First suggestion, establishing nursing in some foreign country. The nurses of New Brunswick are already engaged in establishing a memorial in their own province.

NOVA SCOTIA—The nurses of Nova Scotia are also engaged in a campaign for a memorial for the Nova Scotia nurses. No definite suggestions were made, but the Graduate Nurses' Association of Nova Scotia expresses sympathy with the undertaking and will make an effort to contribute to the financial support of any plan decided upon.

To summarize a little further. The committee's report:—Saskatchewan, Manitoba and Ontario in favor of some memorial to advance nurse education; Quebec in favor of a permanent monument at Ottawa; New Brunswick in favor of establishing nursing in some foreign country, while British Columbia, Alberta and Nova Scotia offered no definite suggestions.

The following recommendations are made for the consideration of the members of the association:—

First. That a suitable memorial to our Canadian nurses who died during the war be undertaken by this association.

Second. That the form the memorial is to take be definitely decided by the members of the association at this meeting.

Third. That a financial objective be set for the nurses of each province.

Fourth. That the matter of collecting funds be definitely settled as to whether all contributions will come from the nurses themselves or whether the funds will be collected from all interested in the memorial, including possibly the federal and provincial governments.

Fifth. That the provincial committees be much larger than at present, and, in addition, that a strong national committee be appointed, the members of which will be centrally located to permit frequent meetings.

(Signed) JEAN I. GUNN, Convener.

Report Private Duty Nursing Section Committee.

Madame President and Ladies,—

During one of the sessions of the convention of this association held last year in Fort William, at which the private duty nurse was under discussion, it was stated that the private duty nurse is not articulate, nor of any assistance in solving the many problems which are awaiting solution at the hands of the nursing profession at the present time; and this statement, we regret to say, is only too true. The dictionary says "articulate" means "united to form speech," and, as the formation of united, useful and helpful speech is one of the objects we are seeking in unifying our group, it will, I trust, not be unfitting that a humble, private duty nurse of long experience, speaking for her sisters in the profession, on the necessity, desirability and utility of organization, should ask you to consider for a little while the reasons for the silence and ineffectiveness of the private duty nurse.

These reasons are very clear to the nurse herself, and should be easily comprehended by others. Long hours of labour of the most exacting and exhausting nature are disastrous to clearness and originality of thought, and the absolute lack of time for much-needed recreation, proper reading, religious exercises and social intercourse, which privileges the other branches of the profession enjoy to a far greater extent than does the private duty nurse, are not calculated to be productive of any very valuable or enlightening assistance from a body so handicapped.

Dr. Broderick, Director of Hospitals in California, says:—"The advantages of the shorter day have been no less clearly demonstrated than the deterioration due to long hours. Especially for the kind of work nurses perform, eight hours is quite long enough. They are required to be alert, kindly and cheerful, while very often witnessing distressing scenes, involving severe mental strain. Every hospital superintendent should do what he properly may to see that the income of his hospital and the scope of its work is such as to establish a working day in which fatigue is reduced to a minimum. He has no right to impose hardships upon one portion of the community while healing the ills of another. Indeed the efficient service of the hospital demands that he shall not."

If a shorter day be so admittedly necessary for the pupil nurse, how much more imperative must that necessity be for the special nurse who intends to make the care of the sick her life work. An eminent American physician, in addressing a graduating class recently on the subject of shorter hours for special nurses, said that he considered that the hospitals of the present day were in grave danger of becoming parasites upon their nurses; and the special nurse knows full well that he speaks with truth and understanding.

And herein lies, to a great extent at least, the answer to a question which was engaging the attention of this convention last year, namely, the shortage of nurses and the difficulty of securing the most desirable applicants for entrance to training schools. One need not seek far for the principal causes of these difficulties. The present day girl looks ahead, she sees that while a pupil nurse works nine or eight hours a day during her training, she, as a graduate, and entering upon her life work, will be compelled to work eleven, twelve or twenty-four hours a day, seven days in the week. Her work is uncertain, she must frequently be idle whether she can afford it or not, years of faithful labour win no recognition, and the skilled and experienced nurse, whose services are eagerly sought for by patient and physician alike, receives no more remuneration than the most inexperienced graduate. After eight or ten years, and very frequently a much shorter period, she finds herself unable to carry on the strenuous work, and is confronted at middle age with the necessity of seeking a less arduous field of labour. From 1894-98, 35 per cent. of all pupils enrolled in American hospitals were graduated, while from 1914-18 only 24.7 per cent. finished their course. This report shows clearly the defects of the present system of training nurses, resulting in the constantly lessened number of students. With so many other occupations offering easier conditions of work, it is not surprising that many who are deeply interested in nursing should decide against entering our profession.

Another reason, perhaps, for the failure of the private duty nurse to express herself hitherto, is the fact that the opinion of the five thousand private duty nurses of the Dominion has never been sought in any

matter of real moment to their profession, nothwithstanding the fact that we have many able women in our ranks, and that the private duty nurse (there were none other but a few years ago) made for our profession that high reputation which caused the services of the Canadian nurse to be so desirable to the patient, the physician and the community.

It seems reasonable to suppose that the advice and support of the largest group in the profession should be of value to the other groups, and it is just as evident that such advice and support will be useful or effective, only in so far as it is an expression of the voice of the entire group.

A stream loses itself in many channels, and the force it had in descending the mountain-side is dissipated in the plain and swamps on the way to the sea, while, on the other hand, the converging runlets from the hillside gather volume and power alike when they join in the mighty river and sweep all before them. But each individual drop has contributed to the mass effect. For this reason every association of persons, for mutual benefit or protection, should be properly formed by mutual consent, and then constituted and organized, and endowed with legislative sanction and powers. Only in this way can such association make its force and influence felt. Experience has abundantly shown that what is everybody's business is nobody's and will inevitably be neglected, unless indeed specifically submitted to the charge of a single individual, who will feel the responsibility unduly burdensome. Moreover, only a properly organized body has legal rights and privileges which can be enforced, and only such can act promptly in an emergency. It is most important, however, that the executive portion of such a body should report at stated intervals to the general body of members for their approval and direction. Only in this way will the general and individual responsibility of each member be felt and maintained.

After due discussion and decision, individual views and prejudices must be made subservient to the opinion of the majority, until such time as that opinion has been changed either by argument or experience, and this constitutes the loyalty of the individual to the association, without which the association will become ineffective. A house divided against itself cannot stand.

There are so many problems at the present time which concern not only the private duty nurse, but the entire nursing profession, whose solution will demand our most united and harmonious co-operation, and it is in order that the private duty group may find its proper place and usefulness among the other groups, that we are to-day seeking your support and approval in becoming an organized body. United we stand.

In conclusion, I would yet once again urge upon all private duty nurses the futility of unorganized effort, and remind them of the fable whereby Pompilius, long ago, impressed upon the Roman populace the folly of attempting individual action in a matter which concerned the

common weal, concluding his argument in these words:

"Concordia res parvae crescunt,
Discordia maximae civitates dilabuntur."

A year ago the Central Registry of Toronto, a body composed of 960 private duty nurses, sent a request to the Graduate Nurses' Association of Ontario, that they should, at their next meeting, consider the appointment of a standing committee representing the private duty nurses of the province. This request, the first to be made for the representation of the private duty nurse as a body, was most willingly granted us. Last year, at the meeting of the C.N.A.T.N., in Fort William, we asked for organization in our parent association, and a national convener of a committee to work out this method of organization was appointed.

I am very sorry that, because of illness, I was unable to take up my duties as convener of this committee until April. However, at the annual meeting of our provincial association, a provincial convener was appointed, with power to choose her own committee.

This committee, which consisted of Miss Dickson, our national president, several graduates from Toronto hospitals, and all the graduates from outside hospitals, recognized by the provincial association, who were doing private nursing in the city, drew up a form of proposed by-laws for our section in the national organization. These by-laws we made similar to those of the public health section, in order that there might be as much uniformity as possible in the various groups, and these were submitted to the various provinces for criticism and approval, and even in the short time available for action we have assurances of unanimous support from six of our provinces.

THE PRIVATE DUTY SECTION BY-LAWS.

NAME—The name of this section shall be "Private Duty Section" of the Canadian National Association of trained nurses.

OBJECTS—The objects of the section shall be:

(a) To unify the "private duty" group of the Dominion for the purpose of guarding and promoting the interests of the private duty nurse, individually and collectively, within and without the Canadian National Association of Trained Nurses.

(b) To establish a mutual understanding between the "private duty" group and other branches of the profession.

(c) To promote a better nursing service for the sick.

MEMBERSHIP—Members of the Canadian National Association of

Trained Nurses may become members (of this section) upon the payment of $1.00 to the secretary-treasurer of the section.

Officers—The officers of the section shall be a chairman and vice-chairman, elected at the annual meeting, and a secretary-treasurer chosen from the council by the chairman.

Council—The council shall consist of one member elected by each provincial executive, such member to be a nurse actively engaged in private duty work. It is recommended that this nurse should be the chairman of a private duty committee.

Meetings—The annual meetings of the section shall be at the same time and place as those of the Canadian National Association of Trained Nurses.

Respectfully submitted,

A. GASKELL, Convener

Report of the Committee appointed by the Canadian National Association of Trained Nurses, on the possible establishment of Student Christian Activities in the Training Schools for Nurses of Canada.

Madam President and Ladies:—

At the last annual meeting of the C.N.A.T.N., a committee was appointed to look into the matter of the possible establishment of student Christian activities in the training schools for nurses of Canada, and to bring in a report at the annual meeting now in session.

The committee begs to submit the following report:—

We feel that such a movement among our nurses should have two main objects.

1. To deepen the spiritual life of the nurses in our training schools.

2. To broaden the social interests of the nurses, where this is necessary.

We realize that many hospitals have activities which tend to the fulfilment of these aims. We were anxious to find out what is being done in our training schools, if there is a recognized desire for such a movement among our nurses, and to receive suggestions as to means of further development along this line. To this end we sent the following questionnaire to all superintendents of training schools in Canada.

1. Name of school.

2. Number of graduate nurses.

3. Number of nurses in training.

4. Do you feel that there is a need in your training school for informal voluntary activities which will aid in developing the spiritual life of the nurses?

5. Do you feel the need of informal social activities among your nurses?

6. How is this need being met in your training school?

7. What form do you think such activities might take?

8. Would you welcome assistance outside the hospital to meet this need?

9. What organiaztion in your community might be willing to help meet this need?

10. If the C.N.A.T.N. could arrange to help you with the organization of such activities, would your school co-operate?

Of the 121 questionnaires which were sent out, 41 were returned unanswered. We are sorry that the answers were so few in numbers; we had hoped to hear from any more of our superintendents. However, the answers we did receive were both illuminating and helpful in enabling us to get some idea of what the needs of our nurses really are.

Of the 41 superintendents heard from, 27 were out and out in favour of some further development, if possible, along the above-mentioned lines in their schools. One superintendent sent back word that her's was not a training school; 4 were not in favour of such a movement in training schools; 9 were fully in sympathy with the movement as a whole, but were not ready to say that there was a place for it in their own schools.

Of the 27 favourable answers received, 5 express a need for religious work alone; 5 for social activities only; 17 express a need for both social and religious work.

In reply to the question, "What organization in your community might be willing to help meet these needs?" we find suggestions such as, "The Y.W.C.A"; "The Graduate Nurses' Associations"; "Churches and church organizations"; "Hospital Aid Societies."

Various activities were suggested in reply to the questions, "What is being done in your training school to meet this need?" and, "What form do you think such activities might take?" Some of them were:—

1. Religious activties such as, "Sunday services in the hospital"; "Bible study groups"; "Time allowed to make attendance at church services possible."

2. Such activities such as, "Dances"; "Informal social evenings"; "Literary evenings"; "Educational facilities."

This is a very brief summary of the answers to our questionnarie.

The committee wishes to thank the superintendents of training schools for their co-operation in this matter.

One of the first questions to be considered in the further discussion of our problem is this:—Is there or is there not a definite need in the lives of our nurses, particularly our student nurses, which is not being met in the ordinary routine life of our training schools?

After many inquiries and due consideration of the replies to our questionnaire, the committee feels that it must answer "Yes."

It is not necessary to dwell upon certain facts that we all must surely recognize, that a nurse's life during the three years of her training is crowded full of practical duties and theoretical study; that little time or physical and mental energy are left for the pursuit of that spiritual and social development which ought to have a place in the life of every young girl; that at the end of her training many a nurse finds that she has formed habits of indifference to spiritual and educational influences, habits which are difficult to break in the busy life she leads.

It is not necessary to dwell on the increasing importance and responsibility given to the nursing profession; opportunities come to us as nurses which demand our maximum strength of body, mind and soul.

The curricula of our training schools are being revised constantly to give our nurses better practical and theoretical training for their work. Are we not justified in asking ourselves if the time has not come for a definite movement among our nurses which will help in the further development of those powers of mind and soul which are essential to the highest type of nursing work and of womanhood?

If we admit that this need exists, our next task is to find out how it can best be met.

As far as we can see, the particular need lies among the nurses who leave their homes with all the home associations and go to other centres for training. This is the nurse who, because of the newness of her life as a nurse in training, and her strenuous duties, has little time, energy, or inclination to go out to seek the particular mental or spiritual influence and stimulus that she is sure to need.

At the present time is she finding it in her own training school? In many cases we think not. What can we do about it? Would it be possible to establish informal voluntary activities in our training schools which will help our nurses in this respect? Do we need assistance in this matter from outside agencies, and if so who should they be?

Churches and church organizations have been suggested in many replies to our questionnaire. It is true that in some places they could and would render admirable service, but we have always to face in them the possible danger of sectarianism. The committee feels that any organized movement among our nurses should be strictly unsectarian.

Another agency suggested the Y.W.C.A., and just here your committee would like to make clear a particular point. As we all know, there has been for many years a student department of the Y.W.C.A. with the national and district secretaries under the guidance of the Dominion Council of the Y.W C.A.

Every higher institution of learning, except training schools for nurses, has had its own local organization whose aim was to meet the particular need of the individual girl in the student body, whether that need be physical, educational, social or spiritual.

A little over a year ago representatives of the Canadian student body met at the international student conference at Des Moines. As a result of the inspiration of that meeting the students of Canada expressed a desire to form an association to be known as the Student Christian Movement of Canada, by which special emphasis was to be placed on the development of the religious life of the students.

Some Canadian nurses were among the delegates at Des Moines, and it is largely because of the reports and enthusiasm that they brought back that the question of establishing like activities among our student nurses is receiving such general consideration.

At first it was thought that the Student Christian Movement of Canada might embrace the training schools for nurses of Canada, and that each training school so desiring it might form a local organization and be a part of the great National Student Movement Association. It was with this idea in mind that the present committee was named a committee on the possible establishment of student Christian activities in training schools.

We have considered this matter carefully; we have met with the national secretaries of the Student Christian Movement and the Y.W.C.A., and we have come to the conclusion that for the present at least the Y.W.C.A. would be the better agency to help with the establishment of such activities among our nurses, for the following reasons:

1. The Y.W.C.A. is a well-established organization and is accustomed to adapting itself to all types of women's work.

2. The Y.W.C.A. has local branches in many communities where hospitals exist, and therefore could be counted upon to give practical help in the way of leadership to work begun in many of our training schools.

3. The Y.W.C.A. combines a social and educational programme with its religious work; as we have already stated, many of our training schools have expressed a desire for all these activities.

The Dominion Council of the Y.W.C.A. has known for some time that the nurses are interested in this movement. They have given most definite help in the way of organization and leadership to some of our hospitals who have already begun a work of this kind; they have pro-

mised to interest their local branches in the training schools of that locality if help is desired; they have also expressed their willingness to assist in the organization of a national nurses' department of the Y.W.C.A.; this national organization would come about by the affiliation of any small Y.W.C.A. units that may be formed in our training schools.

At the last annual meeting of the Dominion Council of the Y.W.C.A. the possibility of such a national nurses' movement was discussed, and their co-operation with any effort the nursing body cares to make was enthusiastically assured. The Dominion council even went so far as to discuss the future possibility of appointing a national nurse secretary of the Y.W.C.A., who would help in promoting such work throughout Canada.

The Y.W.C.A. suggests for the nurses practically the same kind of activities that our superintendents have suggested in their replies to our questionnaire, activities which have seemed to meet with real success in the training schools where they have been tried.

We realize, however, that the needs of no two hospitals can be met in exactly the same way, and that each will have to plan its own work in accordance with its own peculiar circumstances.

Very informal Sunday evening services, with a short helpful talk by a member of the school or an outside friend, may be in order for groups of nurses whose duties keep them from regular attendance at church services.

Weekly groups for intensive bible and mission study have been found of the greatest benefit to other students, and we believe that they have a definite place in the lives of student nurses. Leaders for such groups could surely be found in many localities.

Occasional meetings between nurses of different hospitals might be very helpful and quite possible if well planned.

Informal social evenings, literary evenings, classes for dress-making, singing, physical culture, and foreign languages might meet the needs of other nurses and have a really broadening influence. Undoubtedly many other ideas suggest themselves to your minds.

May your committee be allowed to make a few suggestions as to the methods of carrying on these various types of work:

1. We are sure you will all agree that they must be voluntary in nature; that is to say, they must exist because of a real desire for them on the part of the nurses. We feel sure that this is the keynote of success in this work.

2. They should be simple and informal in character; stiff, non-elastic activities will not appeal to nurses who are rightly tired at the end of a day's work.

3. As far as possible the student nurses should be responsible

for the organization and maintenance of these activties with the co-operation of helpers; the degree of acceptance of responsibility helps to determine the degree of desire for such activties on the part of the nurses.

4. The success of the undertaking should not be judged entirely by the numbers who participate. Work of this kind, particularly religious activities, will not attract every one. We feel that it is eminently worth while if only a few attend, if they have a real desire for the advantages the activity offers.

5. We have particularly emphasized the needs of the student nurses as they have appealed to us in making our survey. Let us add, however, that there is no reason why this work should not include activities for all nurses if so desired.

In closing may we make the following recommendations to the C.N.A.T.N.:

1. That such work, if it is to be national in character, be linked up with the Y.W.C.A. rather than the Student Christian Movement.

2. That, in order to help with the organization of such work in the training schools of Canada, the C.N.A.T.N. appoint a small committee to work in co-operation with the Dominion Council of the Y.W.C.A. for the coming year.

3. That the C.N.A.T.N. discuss as to the advisability of co-operating with the Dominion Council of the Y.W.C.A. in the appointment of a national Y.W.C.A. secretary for nurses, whose duty it would be to promote the organization of Y.W.C.A. work in training schools where the need for such work is felt; the appointment to take place at some future date when sufficient funds are in hand to make it possible.

Respectfully submitted,

MURIEL A. MARTIN,

Convener, Committee to Facilitate Establishment of Student Christian Activities in the Training School for Nurses in Canada.

May 26th, 1921.

Disposal of Plants in Sick-Room.—Some patients' rooms are small and inconvenient, thereby causing flowers and plants to b ein the way; also, many flowers have an odor which causes a sick-room to seem stuffy, and they quickly fade in a warm atmosphere. When possible, it is a good plan to have an outside window-box made. Place plants and flowers in mason jars (not valuable vases to be upset by the wind) in the window in such a way that the patient may have the pleasure of seeing them and yet have no unpleasant effects.

Treasurer's Report from June, 1920, to June, 1921

RECEIPTS

Balance in Bank, June, 1920	$1,297.25
Refund from Miss Gunn (Travelling expenses)	24.36
Refund from Vancouver Hotel (Convention expenses)	39.83
Canadian Nurse Fund	20.00
Fees	880.30
McGill Scholarship Fund	493.15
Bank Interest	28.85
Total	$2,783.74

EXPENDITURES

Travelling Expenses—	
Miss Randal	$ 192.25
Mrs. Plumptre	100.00
Mrs. McWilliams	44.00
Miss Johns	143.00
Miss Dickson	31.25
The Leader Publishing Co., Programmes	20.45
Daily Times, Fort William	9.00
Packing and express	15.00
Contribution to Canadian Nurse, Miss Alice Houston	15.00
Miss Gray	2.00
Miss Gunn, telegrams and postage	5.93
Canadian Nurse Fund, transferred to Miss Randal	545.00
Mr. Walters, stenographer, convention 1920	20.00
Miss Johns, postage, stationery, telegrams, cred. cards	78.34
Treasurer, postage and exchange	15.00
Secretary, postage, typing telegrams	63.00
Miss Edith Rutherford	14.55
Commercial Press Limited	35.20
Fee to National Council of Women	10.00
Total	$1,358.97
Balance in Bank	$1,424.77

Respectully submitted,

KATHARINE L. DAVIDSON, Treasurer.

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

FROM JUNE 1st, 1920, TO APRIL 30th, 1921.

CASH RECEIPTS

Subscriptions:—			
1920	June	$262.35	
	July	151.00	
	August	92.75	
	September	87.25	
	October	351.50	
	November	278.60	
	December	331.74	
1921	January	431.25	
	February	362.00	
	March	418.05	
	April	238.00	
			$3,004.49
Advertisements:—			
1920	June	$149.78	
	July	128.00	
	August	93.36	
	September	90.35	
	October	242.33	
	November	120.25	
	December	186.43	
1921	January	209.04	
	February	156.18	
	March	348.08	
	April	88.00	
			$1,811.80
Premiums on cheques			35.39
Profit on sale of books			25.54
Transferred from C.N.A.T.N. Treasurer			545.00
Gifts			25.00
			$5,447.22

CASH DISBURSEMENTS

Publication:—				
1920	June	$233.31		
	July	247.45		
	August	252.50		
	September	255.00		
	October	265.95		
	November	240.72		
	December	203.76		
1921	January	272.34		
	February	328.44		
	March	308.04		
	April	297.33		
				$2,994.84
Salaries:—				
Miss Randal (1st June, 1920, to 30th April, 1921) 11 months at $100.00		$1,100.00		
Stenographer (1st May, 1920, to 31st March, 1921) 11 months at $75.00		825.00		1,925.00
Sundry Expenses:— (1st June, 1920, to 30th April, 1920) as per statement attached				336.15
				$5,255.99

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

FROM JUNE 1st, 1920, TO APRIL 30th, 1921.

CASH SUMMARY

Balance on hand at commencement of period	$1,378.27	
Receipts	5,447.22	
Disbursements		5,255.99
Balance on hand as at 30th April, 1921, cash and bank		1,569.50
	$6,825.49	$6,825.49
Balance		$1,569.50

AMOUNTS OWING

Stenographer, salary, April	$ 75.00
Rent and Telephone, March and April	30.00
	$105.00

STATEMENT OF SUNDRY EXPENSES

Month	Office Exp. and Supplies	Posta	Exchange	Rent and Telephone	Total
1920					
June	$5.00	$10.00	$ .38	.....	$15.38
July	4.00	.....	1.00	.....	5.00
August	1.65	5.80	1.21	.....	8.66
September	20.75	2.00	.....	.....	22.75
October	6.01	.....	.15	.....	6.16
November	6.03	14.00	.85	.....	20.88
December	.85	10.00	2.26	.....	13.11
1921					
January	14.52	14.11	1.50	.....	30.13
February	5.19	13.00	2.30	157.12	177.61
March	5.00	16.65	6.36	.....	28.01
April	3.26	4.00	1.20	.....	8.46
Total	$72.26	$89.56	$17.21	$157.12	$336.15

Respectfully submitted,

HELEN RANDAL.

Prepared from and certified to be correct in accordance with the books.

WILSON & WILSON,
Chartered Accountants.

Vancouver, B.C., 12th May, 1921.

THE VANISHING RURAL DOCTOR.

In his address at one of the sessions of the convention of the American Medical Association, Dr. Hubert Work, Chairman of the War Committee of the A. M. A., called attention to the changed conditions which physicians face on their return from military service, and the need of a closer study of the whole problem of the development of centers for the cure of the sick in all sorts of communities. He called attention as follows to the present requirements for medical students, and the inevitable result of these rigid requirements.

"It is evident," he said, "that the relentless pressure of this association for higher college and professional standards, with their time and financial exactions on the one side and the decrease in disease through preventative medicine on the other, are grinding between them students and physicians of average opportunities.

"Medical requirements for practice demand at least seven years of schooling beyond the high school. In some universities two degrees and nine years' time are demanded for graduation. That included in the average medical school curriculum costs so much in time and money that only the rich can attain it. The cross roads communities will soon have no qualified physicians, and from necessity will revert to the opportunist and the midwife. Should undergraduate schools undertake to finish specialists in medicine—presumably the function of post graduate schools?

—The News Letter.

We smile at the ignorance of the savage who cuts down the tree in order to reach its fruit; but the same blunder is made by every person who is over eager and impatient in the pursuit of pleasure.—CHANNING.

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DIETITIANS WANTED

Superintendents of Nurses, Assistant Superintendents, Surgical, General Duty, Head Ward, School, Industrial and Public Health Nurses, Dietitians, Wanted.

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RELIEF FOR BUNIONS.—Tincture of iodine, half drachm; essence sassafras, one ounce. Paint twice daily with a camel's hair brush.

I have found it difficult for some people, especially children, to swallow a dry powder. When this is the case I put the powder on a teaspoonful of water, and it usually goes down more readily.

Offered By

THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

A scholarship of $500.00 is offered by the Canadian National Association of Trained Nurses to assist a nurse desirous of taking the one-year Nursing Course in McGill University, the winner of the scholarship having the choice of the two courses—the one for Training School Instructors, the other for Training School and Hospital Supervisors and Superintendents.

Applicants must fulfil all of the requirements as set forth by the University:—

(a) — Educational standing, High School Graduate.

(b) — Professional standing, Registered Nurse, if practising in a Province in which there is registration in force.

In addition to these requirements, the applicant shall be a member of one of the Nursing Organizations affiliated with the Canadian National Association of Trained Nurses.

For full particulars in regard to the course, nurses should write to Miss M. Shaw, Department of Nursing, McGill University, Montreal.

As the scholarship is open to nurses desiring to enter the University this fall, applications should be in as early as possible — no application received later than September the first being considered. For further information, and for formal application forms, write to the Secretary of the Scholarship Committee,

MISS HELEN RANDAL, R.N.,
125 Vancouver Block,
Vancouver, B.C.

WANTED!

Graduate Nurses for general duty. Salary Ninety Dollars ($90.00) per month and maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, 2nd and Luzerne Sts., Philadelphia.

THE VICTORIAN ORDER OF NURSES FOR CANADA

Offers Scholarships

The Victorian Order of Nurses for Canada offers scholarships of $400.00 each to graduate nurses who wish to avail themselves of a post-graduate course in public health nursing at the Universities of Vancouver, B.C.; Toronto and London, Ontario; McGill, Montreal, Que., and Dalhousie, Halifax.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course at prevailing salaries.

Application for scholarships must be made at the earliest date to the Chief Superintendent, 104 Sparks Street, Room 4, Ottawa; Miss Ethel Brown, 1250 Broadway, W., Vancouver, B.C.; or to Miss E. Ada Luxon, 344 Gottingen Street, Halifax, N.S.

Prospectus for Universities courses may be had upon application to the Universities.

GEMS OF THOUGHT

Enjoy present pleasures in such a way as not to injure future ones.—SENECA.

The higher we rise, the more isolated we become; all elevations are cold.—DE BOUFFLERS.

There are few who need complain of the narrowness of their minds if they will only do their best with them.—HOBBES.

The art of pleasing consists in being pleased. To be amiable is to be satisfied with one's self and others.—HAZLITT.

No possessions are good, but by the good use we make of them, without which wealth, power, friends, and servants, do but help to make our lives more unhappy.—SIR. W. TEMPLE.

The love of popularity seems little else than the love of being beloved; and is only blamable when a person aims at the affections of a people by means in appearance honest, but in their end pernicious and destructive.—SHENSTONE.

THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES WANTED for General Duty. Salary $90.00 per month and full maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated 1918)

AN EXAMINATION of Graduate Nurses from accredited Training Schools will be held in Hospitals in British Columbia having a Training School on Wednesday and Thursday, May 25th and 26th, 1921.

Names of candidates must be in the hands of the Registrar not later than April 25th, 1921.

Full instructions to candidates may be obtained from the Registrar, or at the Hospital in the town where she intends taking her examination.

HELEN RANDAL, R.N.,
Registrar.

HAMILTON GENERAL HOSPITAL
Hamilton, Ont.

HEAD NURSE, in charge of Operating-Room, wanted at the above Hospital Apply, with fullest particulars, to

MISS GRACE M. FAIRLEY,
Superintendent of Nurses.

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular Monthly Meeting—Second Tuesday, 8 p.m.

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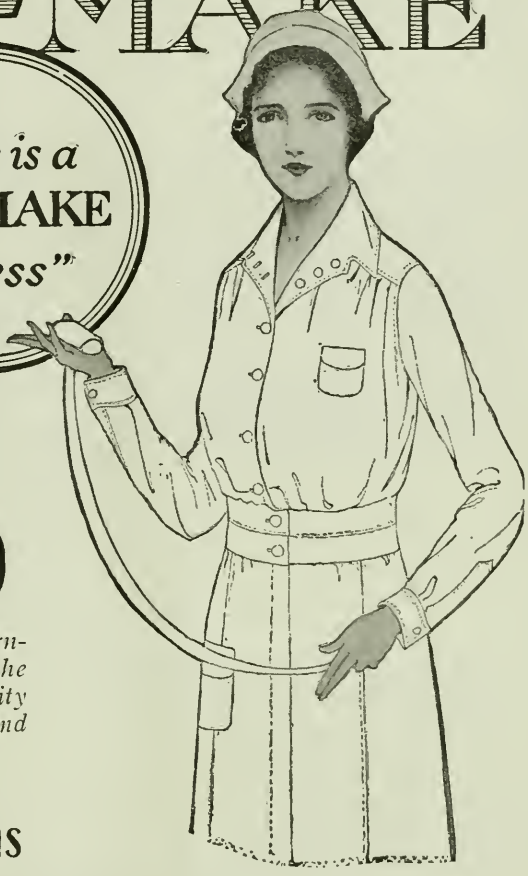

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Vol. XVII. No. 8

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AUGUST, 1921

	Page
Venereal Diseases	487
The Establishing and Re-establishing of Breast Feeding	492
Notice re International Training Course of Public Health Nurses	495
Sidelights on the Annual Convention	496
Experiments in Teaching Materia Medica	500
Editorial	503
News from the Medical World	504
The World's Pulse	506
Canadian Army Medical Nursing Service Department	508
Canadian Nurses' Association	509
Hospitals and Nurses	510
Public Health Nursing Department	525
Nourishing and Appetizing Soups	544

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A Monthly Journal for the Nursing Profession in Canada

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Venereal Diseases

BY DR. AHERN.

Read at the Convention, Quebec, June, 1921.

(Ladies:—I am sorry, on account of unavoidable circumstances, Dr. Desloges, whose name is on your programme, could not be here for your convention. He asked me to take his place, and for two principal reasons I feel embarrassed, first, to take Dr. Desloges' place, because he is director of the anti-venereal campaign, and I am sure he could interest you much more than I can myself; secondly, to have to address an audience so unusual and almost absolutely personally unknown to me, though, as a practitioner, I have learned to know and appreciate the life of sacrifice, the untiring devotion and the skilful assistance of the trained nurse whom the public, and I think especially the numerous victims of the late war, the wounded heroes, have appreciated so well, too, and to whom they have been given the title of "Ministering Angels.")

At a convention of hygienists from all over the country, held in Ottawa in 1920, and assembled under the auspices of the Federal Government, a resolution was passed by unanimous agreement that immediate action was necessary to check the encroaching evil, the disastrous rav-

ages brought on our population by the ever increasing venereal disease. Immediately the Government offered to the Province an important subsidy in order to help them in the institution of an anti-venereal campaign. The Government of the Province of Quebec, answering this invitation, voted the necessary funds, and, in virtue of a by-law passed at a meeting of the Legislature, charged a committee of three members selected from the Superior Board of Health to carry on a campaign against the venereal disease problem. A director and an assistant director, appointed by the Government, are expressly entrusted with the care of organizing and prosecuting the campaign, the plans of which include: (1). The establishment and upkeep of laboratories where the most modern and scientific methods of bacteriology and serology are placed at the disposal of the physicians of the Province for confirming their diagnosis; this service will be rendered gratuitously, so that the scientific treatment necessary shall be less expensive to the patients and consequently more accessible to all purses. (2). The establishment of dispensaries where the needy will be treated gratuitously. (3). An active campaign of instruction on the nature, modes of contagion, ravages and consequences of venereal diseases.

The important point in this plan, just as important as the laboratories and treatments of patients, if not more so, is the necessity of educating the people. The population at large must know what venereal disease is and what are its consequences. The reason of the ignorance of people regarding the venereal question arises from the very nature of these maladies, which are supposed to be and are even called secret diseases, that is, that they are known almost only by those who are affected with them and who want their condition kept secret at any cost, besides, their most frequent cause always implies a kind of discredit, of shame, and the simple mention of venereal disease, not to mention "syphilis" or "gonorrhoea" in particular, is shocking to the non-professional ear. I said that venereal diseases always caused a kind of discredit. But it should not be so, because this discredit is not always merited. According to Major Wm. A. Wilson, 75 per cent. of all cases of syphilis and 12 per cent. of all cases of gonorrhoea are accidentally contracted. According to Buckley, 50 per cent. of syphilitic women are infected innocently, and 85 per cent. of married women having syphilis have contracted it from their husbands. Vedder claims that 10 per cent. of all venereal disease infections in men have been contracted outside of prostitution. Add to these the case of syphilis contracted by wet nurses from their nurslings, and which are later transmitted to their own children, husbands or other nurslings; the cases of congenital syphilis, the cases of syphilis of non-venereal origin, such as those the physicians, the medical students and maternity nurses contract in the practice of their profession, and those cases of syphilis which are the result of a simple accidental contact. And, in presence of these unmerited cases of syphilis, in presence of the terrible dangers and consequences that follow the dissemination of the venereal disease, people must put aside all false mod-

esty, learn to call things by their name, learn what is a venereal disease, and people who have been the victim, innocent or guilty, of one of these must not hesitate in being treated for it and take all the precautions in their power to avoid spreading it.

The venereal disease is contagious, just as contagious as tuberculosis, smallpox or diptheria, but, being contagious, it can be prevented, and the best means of preventing it is to know all about it.

According to Dr. Bates, it has been estimated that 8 per cent. of the total Canadian population, that is 650,000 people, are suffering from some form of venereal disease.

In the Province of Quebec, for the first three months of the year, there were 2,111 cases of venereal disease treated in our clinics, and during the last six months we gave 20,981 treatments. In our local dispensary, in Quebec City, we have had, from October, 1920, to May 1st, 1921, a total of 359 patients, of which 161 were syphilitic and 198 gonorrhoeal, with a total of over 1,000 treatments for syphilitic patients only.

There are three kinds of venereal diseases: syphilis, gonorrhoea, and soft chancre or chancroid. The name of syphilis is given to a specific contagious constitutional disease of a slow and a fairly typical course, due to an infection by means of a spirillum known as the spirocheta pallide. The disease starts through the infection entering an abrasion or tear of the skin or mucous membrane, at which point there develops the initial lesion called chancre. From here it gradually travels through the entire organism, giving rise to various lesions of the surface or the deeper tissues of greater or less severity.

During the disease there are intervals, more or less fixed, that are called stages; these are known as the primary, secondary and tertiary stages, denoting the various periods of the disease and the time required for their development.

Syphilis was first recognized and written about towards the end of the XV. century. It was thought at that time to be a disease having its origin among the American Indians, and that the Spanish sailors who accompanied Columbus on his later voyages acquired it in North America and spread it among the people of Southern Europe on their return. It was first called Napolitan disease, but the Italians, resenting this, gave it the name of French disease. In 1530 an Italian named Fracastor wrote a poem entitled "Syphilis or French Disease." The name means "a lover of swine," and the principal character was described as having all the symptoms of the disease.

In Canada, at the end of the XVIII. century, we had our own little epidemic of syphilis, on the north shore of the St. Lawrence river, known as the "St. Paul's Bay Disease."

The first or primary stage of syphilis is the chancre stage. This chancre appears at the point of inoculation, between two weeks and two months, but generally three weeks after infection. This initial lesion is found in about 90 per cent. of cases on the genital organs; in about 3 per

cent. on the lips, and in the remaining 7 per cent. on other portions of the body, especially the fingers, though it may appear anywhere, for instance on the nose, the forehead, the shoulder or in the eye, according to the part which has been in contact with the infecting agent.

The affection is generally carried through an abrasion of the mucous membrane or integument during sexual intercourse (it must be remembered that fifty out of a hundred prostitutes are syphilitic), but it may also be transmitted through kissing or the use of toilet articles, barbers' tools, eating utensils such as knives, forks, glasses; this latter contamination, although possible, seldom happens.

The virus passes from the chancre to the neighboring lymphatics and to the nearest group of glands, from which point it extends up to the main lymph channels and plexuses to all parts of the interior of the body tissues and to the periphery. This introduction of the virus is accompanied by constitutional manifestations of the disease, such as frontal headaches, especially at night, pain in the bones, usually the ribs, stern and bones of the lower extremity; and in certain cases a certain amount of fever is present.

The secondary stage of eruption may appear from six weeks to three months after the initial lesion, or it may never appear; or, what is more probable, it may appear but never be noticed. Unrecognized syphilis has been estimated as present in 3 per cent. of the cases in men and as high as 18 per cent. in women. This secondary stage consists in rashes, eruptions of the skin, which take different names according to their form and the date of their apparition; macular, anular, pepular, lenticular and so forth.

The last or tertiary stage of syphilis may appear at any time between two months and twenty years after the disappearance of the last symptoms of the secondary stage. The symptoms affect especially the cutaneous, respiratory, osseous, circulatory, nervous and gastro-intestinal systems. The most important of these manifestations are those found in the circulatory and nervous complications. Among the first are endo-arteritis, angina pectoris and aneurism of the aorta; among the second are hemiplegia, paraplegia and ataxia paraplegia, locomotor ataxia and general paresis.

The treatment of syphilis until some ten or twelve years ago was mercury. It was a good treatment, but generally lasted four or five years. Since then there has come on the market a new arsenic preparation, called salvarsan or neo-salversan, or seno-benzol or neo-areno-benzol, best known under the numerical name of 606 or 914. This preparation is the most powerful drug that we have to-day to fight syphilis, especially in cases recently infected. It enables us, with the adjunction of mercury in intra muscular injections, to cure a patient in two years instead of four.

The sooner a patient is treated after infection the quicker he is cured, and the less danger there is of complications and of transmission, as the disease is extremely contagious during the first and second stages.

Syphilis is always dangerous, however mild it may seem to be in certain cases; even those who have undergone a serious treatment and think themselves cured should every two or three years submit to a few weeks' treatment, because the germ is living in their blood and may at any moment acquire a new virulence and cause disastrous accidents, and a patient who has had syphilis and who marries without having obtained the permission of a conscientious physician is guilty of a criminal act.

The complications of syphilis are very numerous, and we have partly seen them. Syphilis is transmissible to the offspring and causes death of 80 per cent. of those infected; it is the cause of about 20 per cent. of all insanity; it is one of the causes of mentally defective children; it is the cause of locomtor ataxia, paresis or softening of the brain, the chief cause of apoplectic and paralytic strokes in early life; it is the cause of half the abortions and miscarriages; it decreases the length of life by about one-third.

Syphilis is the cause of death in 50 per cent. of all cases of organic trouble; 50 per cent. of all cases of angina pectoris; 40 per cent. arterial disease, aneurism, cerebral hemorrhage, general paralysis; 20 per cent. Bright's disease; 10 per cent. epilepsy, encephalitis and meningitis. All the Canadian hospitals state that from 20 to 30 per cent. of their inmates have syphilis; among the Canadian recruits, during the last war, the percentage was 16.77 per cent.

The second in importance of the venereal disease, is gonorrhoea, commonly called dose or claps. It is caused by a microbe called gonococus, and is a serious disease from both social and individual standpoints. It is the most contagious disease after measles.

The most frequent cause of gonorrhoeal infection is sexual intercourse, although an accidental contact with gonorrhoeal pus through soiled articles, such as bedding, dressings, etc., may cause the disease.

Gonorrhoea is a serious disease. It kills 5 per cent. of the people infected with it. In women it may spread to the vagina, uterus, tubes and ovaries, and cause grave abdominal infections necessitating serious surgical operations, besides causing sterility. It may sometimes spread through the entire organism and produce gonorrhoeal articular rheumatism, so painful and so difficult to cure. Gonorrhoea is the cause of 50 per cent. of all cases of absolute sterility, and sterility after one child's birth is one of the consequences of gonorrhoea; it is the cause of 80 per cent. of all cases of blindness amongst newborn, and causes 25 per cent. of all blindness.

The last venereal disease is soft chancre or chancroid. It is due to a microbe, and, being a local disease, it is much less severe than syphilis or gonorrhoea. Soft chancre may be healed in from six to eight weeks. It is not a severe disease in itself, but it may give rise to certain very annoying complications. It may thus reinoculate itself several times; the disease may then last for a long time. It may spread around and form a

wide wound; it may invade the neighboring glands and cause them to suppurate, the disease being thereby lengthened and becoming very painful.

Such are the venereal diseases that the Federal Government and the Government of each Province of Canada have decided to fight and wipe out of the country, if this is possible. For this purpose, and outside of the lectures that are given to enlighten the public mind on the question, clinics have been established in all the provinces except Prince Edward Island. In the province of Quebec there are seven clinics, located in Montreal, Quebec, Three Rivers, Sherbrooke and Hull. In the very near future there will be one more situated in each of the following places: Chicoutimi, Shawnigan, and Fraserville. At these clinics the patients receive free bateriological analysis and blood tests; free consulations and all the information they require.

The two films that will finish this already too lengthy lecture are on "Social Hygiene of Woman." You will find all the explanations on the screen.

The Establishing and Re-establishing of Breast Feeding

By Edith Haslem, R.N.

Read at C.N.A.T.N. Convention, Quebec, June, 1921.

In 1919 it was my privilege to observe the splendid work for the stimulation and restoration of this function, as demonstrated by Dr. Truby King and his wonderful nurse assistant in the little hospital at Earl's Court, London, England.

My position as superintendent of an Infant Welfare Centre prevented my taking the course in Infant Feeding and Care being offered, but since the work was closely affiliated with the Maternity and Child Welfare work in London, I was able to closely observe the progress of many of our mother-members who were referred from our centre to Earl's Court. Breast feeding was successfully maintained in most cases and in others partially—even when weaning had taken place many weeks before. Once a nurse has a clear grasp of the principles necessary for success, and is sure of the fact that every mother can nourish her offspring in the usual way, with those rare exceptions which merely prove the rule, she will find immense encouragement in almost every case she undertakes. The following rules are given the mother, and in a few days the increase of breast milk fully repays the efforts made:—

1. A hopeful and determined point of view on the part of the mother.
2. Absolute regularity of feedings, with no night feedings.
3. The mother to take a drink of water, milk, cocoa or weak tea before each feeding.

4. Personal hygiene, a daily sponge or full warm bath and a satisfactory daily bowel movement.

5. The mother to sit before two bowls of water (one hot and one cold, with its own wash-cloth), and to bathe the breasts alternately until a pink surface results. Drying of the nipples is of great importance, as cracks are liable to occur if they are left damp.

6. Massage of the breasts toward the nipple, to stimulate the blood-flow.

Pre-natal care to-day insists upon the importance of at least six glasses of water each day, and all nurses know the argument for breast feeding well enough to need no emphasis here. That her baby will be a happy, healthy member of the family if his routine and digestion receive the same thoughtful care which is given other departments of household science, is a fact which is gradually being recognized by mothers of all grades to-day.

Regarding the function of breast feeding, Dr. Truby King gives us some telling facts in his "Natural Feeding of Infants," and his "Feeding and Care of Baby." The baby should be put to the breast within six hours of birth for a period of less than two minutes to stimulate the secretion of milk, and failure of milk supply is often due to the nurse not putting the baby to the breast soon enough and not persevering.

"During the first week baby should have both breasts at each nursing, sucking each breast at first for under two minutes, the second day for three minutes, and so on. Prolonged sucking, at first, is apt to cause tenderness and cracking of nipples. Mothers are generally told that after the first week baby must have only one breast at each nursing, the breasts being used alternately. This is right where the mother has plenty and baby gets all he needs from one breast. But where this is not the case, where the supply falls short of what is needed, and one breast does not furnish enough for one feeding, baby should certainly be put to both sides at each suckling, the right breast being used first at one feeding-time and the left first at the next. This is the best means of stimulating the secretion of milk, from eight to ten minutes being allowed for each breast. In any case, the breast first suckled should be emptied, but, with an increasing supply, less and less time should be allowed in regard to the second breast, and if the supply becomes ample, only the one breast should be used at each nursing."

Absolute regularity of feeding times gives the gland the education necessary and prevents the exhaustion consequent upon irregular and too frequent working. And Dr. D. C. Cameron, of London, says, "Women are too apt to look upon the secretion of milk as something which they themselves give their babies. It would be more true to regard it as something which the healthy child provides for himself. If the breast is emptied completely, it fills again, as it were, to the same level and a little beyond. If, from weak suckling, it is not emptied, the milk falls off in quantity and quality alike."

Three hourly feedings are generally considered best up to the age of six months, then four hourly intervals are quite successful, many infants thriving on four hourly feedings from birth. Regarding "night feedings," Dr. Truby King says, "Nothing in the history of modern baby-feeding is more strange than the way in which humanity seems to have jumped to the conclusion that a young infant needs night feeding without ever pausing to consider whether the procedure is really a natural and proper one, ignoring the fact that darkest night is the appointed period for the most profound rest and the deepest sleep, and that it is not customary for the young of other mammals to be suckled at this time."

The baby should be fed only six times in 24 hours (say at 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m. and 10 p.m.) This ensures an undisturbed night's rest to the mother, and establishes the baby in its proper rhythm from the start, saving it from the period of irritability, disturbed rest, and slackening growth incidental to the breaking of a bad habit a few months later. Both in England and Canada the writer has had the father thank her for making it possible for the whole family to sleep all night by following this "no night feeding" rule, and the improvement in the physique of both mother and baby has been well worth while.

In St. John many babies are now on "full time" breast milk who were on the point of being weaned, and faithful adherence to the rules is alone responsible.

In those cases where the infant is not thriving on the breast, a "test feed" will provide a guide as to how much the infant is getting in twenty-four hours. We use an ordinary pair of grocer's scales, which we send into the home and carefully explain the process. The baby is weighed, fully dressed, before and after each feeding, for twenty-four hours, and a record of the difference in the weight kept by the mother. One of our babies recently weighing two pounds below normal showed that he was getting 9 ounces in 24 hours by this method. The family doctor was consulted and a formula was given after each nursing. The two pounds were gained in six weeks, and to-day he is a Canadian to be proud of. This method of mixed feeding has its dangers of course, and, as Dr. Cameron says, "It too often happens that so soon as the child experiences the easy-running bottle, he instinctively refuses the difficult breast. Moreover, if the difficulty be due to insufficient appetite, we shall not benefit matters by satisfying a part of that appetite by artificial means. So much the less will be left for the breast. For these reasons we must always consider the matter very carefully before we advise mixed feeding. Speaking generally, it is a course which is often too lightly entered upon, and which is in many cases directly responsible for the drying up of the breast and the institution of bottle-feeding."

Professor Pinard, of Paris, says, "It has been proved that, when a baby is given some cow's milk, he digests it much better if, previous to the taking of the cow's milk, he has been given even a very small quantity of mother's milk."

On the other hand, Dr. Truby King says, "Where a breast-fed baby is not doing satisfactorily, and there is any doubt as to whether he is getting the right quantity of food, the rule should be absolute to weigh him before and after each nursing for 24 hours, and not trust to guessing. In a large proportion of cases it would be found that the baby is taking too much, where the mother or nurse had come to the conclusion that he needed more."

Another cause for joy was the case of a young mother whose baby was having a very unhappy time with his bottle. Weaning had taken place ten days before, and to-day a plentiful supply of breast milk is the result of three weeks' struggle both of mother and nurse, and the baby is thriving happily.

If we can restore the sacredness of this function in the minds and hearts of our Canadian women and help them to become whole mothers, our work among them will bring its own reward in the knowledge that we are doing our small part in increasing the strength and vitality of the rising generation.

NOTICE.

International Training Course of Public Health Nurses.

In view of the excellent results obtained this year by the International Training Course of Public Health Nurses at the University of London, the League of Red Cross Societies has decided to organize a new course next year at Bedford College for women, which, like King's College for women, where the first course was held, is a part of the University of London. The course will begin on October 7, 1921.

Nineteen nurses, representing eighteen countries, attended the first course. Nurses from Japan, China and New Zealand have already been inscribed for the new course, and many other inscriptions are expected. As was the case last year, national Red Cross Societies, members of the League, have been requested to offer scholarships to enable Red Cross nurses to take this course.

To whom a thousand memories call,
For who can always act? but he,
Not being less but more than all
The gentleness he seem'd to be.

In Memoriam.

C. A. M. C. Nursing Service Department.

Sidelights on the Annual Convention.

(By Nursing Sister Mary Doe).

Apropos of nothing at all, Maria Jane decided at the last moment to betake herself to the Convention at Quebec. I say 'apropos of nothing' because, in previous conversations on the subject, she had shown better interest. The uncertainty as to what Maria Jane will do or say at any given time constitutes charm in itself. Her decisions are usually made with toboggan-like rapidity. So, when she determined on the Convention, my excitement was on edge, for, with patient and pocket finances equally well disposed, I invariably accompany Maria Jane. With finances uppermost in mind, I remarked, "Pity you can't go as a delegate from something or other."

"Delegate nothing," she replied, "the word spells 'drudgery' and, "anyhow, the observer sees most of the game."

"Yes," to this last was my mental note, provided the on-looker possessed acumen like unto Maria Jane's. Aloud, I said, "And the cause of your resolve to attend?"

"Well," came the reply, "the idea of keepin' up with Liz' as well as the desire to enjoy whiffs from the breezy Westerners."

I ventured it might prove refreshing. So the following day found us hopping onto a train. Scarcely were we seated before Maria Jane scented two delegates midway down the aisle.

"Oh, you know them," said I.

"No, I don't know them, I suspect them!" came the reply. Subsequent acquaintance verified suspicion.

Travelling with Maria Jane is really a condensed Cook's tour. Her conversation is so instructive and humorous. It has the further advantage of not being stereotyped. Her running fire of comment reduces to a cinder the tediousness of a hot, dusty, journey. From this it must not be inferred that Maria Jane ever becomes importunately wearisome; on the contrary, she is one of the few women known to me who insist upon a period of "Conversational repose," as she terms it. The first intimation of such is usually conveyed by, "I'm goin' to abstract my mind for a bit" or "I'm goin' to give and take a rest." Maria Jane has the provoking habit --though I must say it is less objectionable in her than in most people— of frequently ignoring her final g's and t's.

Well, when I was not learning something, or laughing, on this particular trip I was being a wee bit envious of Maria Jane's power of expression. Also she is always ready for a joke. When the porter picked up our hand pieces saying, "Any more baggage, Miss?" "Just that bit

there," said Maria Jane, waving her hand in the direction of my chair. Quite unsuspectingly I arose and, with him, searched about. His "I declar' I don't see no more, Miss," brought forth "Oh, I just meant her." Naturally I was peeved but felt revenge came when the porter, dropping the pieces he held, continued, "Then I s'pose I should carry her off fust."

At this Maria Jane froze into dignity.

"Serves you jolly well right for being so flip," said I.

Arrived at Quebec, we shortly found ourselves at the Chateau Frontenac. Our rooms overlooked the world-famed terrace. The river in the foreground, with the Laurentian range in the background of vision, claimed our chiefest admiration. The scene presented constant change. Occasionally interjected by the clumsy ferry boats to Levis, smallish water craft plied saucily up and down the river. From lofty height the towering grain elevator frowned upon the "Empress of Britain," as the latter lay, mysterious in her inactivity, in the Louis Basin.

Over the Laurentian hovered a haze, varying in colour from blue through mauve to purple. Many were the minutes stolen from Convention to revel in this view. Then, with elbows resting on windowsill, palms forming a cup for the chin, we silently gave ourselves over to thinking long thoughts and dreaming idle dreams.

After all, realities were the chief concern. We made our way to the Empire Room; at the entrance where awaited welcoming smile, pen and register—all three accorded in such pleasing fashion that one felt this an agency for the conferring of the freedom of the city or some such act of grace.

In the Assembly Room, Maria Jane chose the last row of seats at the back—"Where we can see everybody and everything," she said. And she sure did. Another advantage offered by the back row was that it permitted occasional conversation less disturbing to the front area. And I knew Maria Jane's comments would prove diverting when the platform became too technical for me.

The invocation, by Rev. Canon Scott, missed nothing of the poetic sanctity he so well knows how to transmit. At the close I exclaimed, "I envy his wife having him for daily diet."

"More than likely," said Maria Jane, "he's always late for meals and poetic temperament gives Mrs. Scott many trying moments."

Addresses of welcome followed in swift and assuring style; these certainly made us feel cocky. At the opening session the Empire Room presented a busy, earnest scene. Taking a careful survey, Maria Jane remarked, "Save for a few big Gunns, we have here the heavy artillery of the Canadian Nursing profession."

"Thank heaven I'm no longer within range of its fire," said I.

"Still, there's plenty of room for further impression," said she.

When with her, my interest in an address is greatly influenced by Maria Jane's facial expression. If she shows attention I at once sit up

and take notice. Therefore, on finding her glowing with admiration, I pulled myself erect and, believe me, in about two shakes I was quivering with enthusiasm too. From the Archives there had stepped into our midst a most gracious personage; refreshingly Victorian in charm of manner and dress was she. That sparkling eye and sweetly gentle voice required no effort to hold its audience. All were easily conscious that every word came from a mind stored with knowledge and a heart filled with the joy of inward peace. Though she pretends to be as hard as flint, I know I saw the furtive tear at the edge of Maria Jane's eye. "Nonsense child," she said, "but I pray the autumn of my days may find me equally mellow of heart and mind." "Yet," she continued, "With all that I shall not have accomplished anything like Miss Sniveley's usefulness." When Maria Jane begins to moralize, it's bad for both of us. So, on the pretence of having previously engaged a Caleche, I inveigled her outdoors.

"Which is your driver?" she asked.

"The one with the red cord and tassel on his hat," I said.

Tripping gaily towards, and fully prepared to rate him roundly if he denied the accusation, I said, "You're the man I engaged to take us an hour's drive, the same drive you took my friends yesterday." I chanced this last, too. It served well. At the end of the hour, and freshly receptive in mind, we returned to the Convention. A speaker was just being introduced.

"My word!" gasped Maria Jane, "her name is Breeze and a Western one at that."

"Well, I'll be fanned!" said I, somewhat apologetically.

"Your airiness certainly needs cooling," said she.

That evening, pleasing speech was given by a lady doctor. Her voice, consonant with character, bespoke a kindly, agreeable, humanly understanding nature. "A saturated solution of the milk of human kindness," remarked Maria Jane as the Medico sat down.

A fine address was that delivered by the Director of Public Health Nursing, Toronto. It soon convinced us of the zeal of its author and her absorbing wish that the greatest good might result to the greatest number. As far as public health goes, I was thinking I am still in my cradle. This seemingly brought up the subject of milk. A young woman, good to look upon, was advertising its merits. There was nothing milky about the diamond on the third finger of her left hand. It had me hypnotized. I was so occupied in following its flash and sparkle that I caught little of what the owner was saying. When Maria Jane asked—and she so dislikes any inattention to the platform—my opinion of Child Hygiene, I blurted out, "She seems very detached." Forgiving me for the nonce; "More likely attached," came from Maria Jane in a dry voice.

The next I remember a little-ish woman of cherub-y countenance had the floor. In calm, unruffled voice that betrayed naught of care or

responsibility, and, with occasional glance at the paper in her hand, she was giving a report.

"Easily seen she holds a cushey job somewhere," said Maria Jane, as we adjusted our chairs. Then we awoke to discovery. Here was that rara avis in this country—a lady Editor.

"My word!" again exclaimed Maria Jane, "not a bit like my idea of the species."

"Oh!" I added, with a knowledgable sort of air, "I knew she'd be like that, because I heard she loaned her cottage to a pair of honeymooners whilst she's here in the East."

"Humph," said Maria Jane, "wouldn't surprise me if she'll be taking a honeymoon herself soon."

A paper concerning Ethics—and, by the way, the name of the author seems a libel on her nature and appearance—taught me something of the p's and q's of the profession. "And," added Maria Jane, "what that woman doesn't know about parliamentary procedure wouldn't fill my thimble."

"She's got nothing on our quiet, dignified but forceful little President," thought I. The way these two women conducted their respective duties was a treat. I'm not surprised Cupid hovers about them.

An enlightening picture was that painted by the Canadian Representative, just returned from Kings College, London. During her chat I was thinking how happy was the choice and that in no way could she have mis-represented us over there. Without having told one half, and nary a word of the entertainment (the Committee on this had left nothing undone—we were feasted and joyrided to the nth degree), I must conclude.

The telephone, which is more to me than any infernal machine invented, has just conveyed my quaking agreement to take a case. So I must needs pack my bag and see what awaits around the corner. From Maria Jane there is in store a goodly lecture; her opinion of my pen is too humiliating for print. I'll get somewhat even by giving a final prick. When our account was settled and we were on the point of leaving the Chateau Frontenac, Maria Jane said, "Don't you think we had better see the Manager?"

"Whatever for?" I asked.

"Well," she went on, "my railway ticket is about the only thing I've got left, he might fancy that."

"Heavens," I exclaimed in horror, "is your honour gone, too?"

She conceded I had her that time.

Agreeing that in any case we had more than our money's worth, we turned our backs upon the charming Chateau Frontenac.

Canadian Association of Nursing Education Department.

Experiments in Teaching Materia Medica

By Louise Newcombe, R.N.
(Instructor of Nurses, Vancouver General Hospital).

The teaching of Materia Medica has always been the bugbear of the Instructor in nurses' training schools. The pupil nurses, also, have always appeared to find it harder than other subjects. This may be due to three causes:—

1.—The fact that the instruction given has usually been principally in lecture form, with little or no attempt made to link it up with the ward work.

2.—The lack of any illustrative material to lighten up a somewhat heavy subject.

3.—The fact that, to the Junior nurse, the names and terms used in this subject form a vocabulary amounting almost to a foreign tongue.

Also the fact (which of course applied equally to other subjects) that too often the nurses were working such long hours and under such a heavy strain that studying was difficult. Very often these classes were held at night at the end of a weary day of anywhere from ten to twelve hours' long. Some of us can remember yet the sinking sensation we used to have as, weary in mind and body, we fore-gathered with our classmates in the lecture room. Too well we knew that not sufficient time had been spent on learning that previous lesson. Suppose (horrible thought!) that the lecturer should remember that half-promise, or was it a threat, to give us a quiz. Suppose that we should be called upon to give the dose of some of those weird sounding drugs we heard of last week.

Those days are now a memory, but very real are the instructor's trials in the teaching of that same subject to the nurses of to-day. After drilling away for weeks, at examination time there often comes a rude awakening. To the question, "What is meant by Idosyncrasy?" some bewildered soul replies, "Idosyncrasy is a drug given to increase the flow of bile."

To the question, "Name the three most characteristic symptoms of opium poisoning," instead of getting the answer "Pin point pupils, very slow breathing and heavy sleep or stupor," quite likely the answer comes, "Convulsions, body arched back, grinning expression on the face." (symptoms of strychnine poisoning); showing that the nurse had no real idea of the effect of either opium or strychnine, but had memorized various sets of symptoms and at examination time had got them mixed.

Personally, I have found it much easier to teach it in this way: I say "Next week we will take the opium family of drugs. Each nurse to come to class prepared with a written summary of her ward observations of this drug, prepared along the following lines:—

1.—What are the chief forms in which opium is being given on your own ward?

2.—Why is the patient getting it?

3.—How much is the patient getting, and how often?

4.—What effect could you observe after giving it?

At the following class, one nurse rises up and tells of a patient on her ward:—Post-operative hemorrhoidectomy, who had lead and opium pills ää gr. ¼ p. vi. C. for two days to prevent bowel movement. We make the point that opium checks most of the body secretions, and so checks peristalsis; also that it relieves pain.

A second nurse says "A patient with a very bad cold was given Dover's powder gr. X with a hot lemonade and kept warm in bed. He perspired profusely afterward and seemed better."

Here we make the point "Opium does not check sweat but increases it, and especially in the form of Dover's powder." Again: a post-operative patient in severe pain and very restless was given morphine gr. one-sixth hypodermically. In half an hour pain was eased and patient sleeping. "Morphine our best known anodyne."

Another nurse says:—"A baby on the children's ward in severe pain after operation, crying and pulling at bandages; given Tr. Camph. Co. Minims five. Was eased, silent and wakened better." We find that when opium is given to babies, it is usually in the form of Tr. Camph. Co. (Paregoric).

I tell them opium does not affect all people the same. Some are made wakeful, excited, etc; i.e., they have an "Idiosyncrasy" for this drug. I tell them cats cannot bear opium but are wildly excited after having it. This helps to fix the point in their minds and is not easily forgotten. I try to find some interesting fact outside of class work as a peg for them to hang their knowledge on.

When there are interesting cases on the wards, as poisoning cases, or any new treatment being tried out, I find out about it and draw their attention to the symptoms, treament, result, etc.

One of the great difficulties in teaching this subject has always been to find any illustrative material. In the Vancouver General Hospital we are very fortunate in having a lantern and many good slides. While it is easy to get good slides on Anatomy and Physiology and also Bacteriology, it has been very difficult to get any in Materia Medica. However, I have at last got a series of about thirty slides, the original pictures for which I took mainly from the National Geographic Magazines. The following will illustrate:—

Opium-Slide (1)—A Poppy Field, and men incising the calyx to obtain the sweet milky juice which when dried forms the crude opium.

(2)—An opium caravan.

(3)—An opium market in Turkey.

(4)—An opium expert testing samples.

(5)—Weighing the 1 lb. lumps of opium.

(6)—A Chinese seller of refined opium.

(7)—Opium smokers.

Camphor-Slide (1)—Native Formosan gouging chips from the Camphor tree.

(2)—Camphor "still" in a Formosa forest.

(3)—Refined camphor.

Quinine-Slide (1)—A native coolie and the bark from which quinine is derived.

I have also a number showing the various modes of transporting drugs to market in the different parts of the world.

In reply to the objection which I fancy some instructors are already formulating, namely, that these slides do not teach the action of the drugs, I say that the slides are not expected nor intended to teach the action of the drugs. They are used in an endeavor to lighten up a somewhat heavy subject, and to arouse interest in the course, and are usually known as the introductory lesson, and as such I have found them a great help. They also serve to show the world-wide sources from which we draw our drug supply, and often it is possible to explain more fully why certain drugs have increased so greatly in cost, and the necessity for careful handling of such.

Showing the crude drugs also helps, but for the action of the drugs, dosage, etc., it is necessary to depend on the assignments which lead the pupils to study and observe the various medicines being given to their own patients on the wards where they happen to be.

It would be very interesting to hear how some of the other Instructors are dealing with this subject.

Life is not as idle ore,
But iron dug from central gloom,
And heated not with burning fears,
And dipt in baths of hissing tears,
And batter'd with the shocks of doom
To shape and use.

In Memoriam.

Editorial

The editor wishes to express her thanks for the letters sent to her in reply to the circular letter received by subscribers in reference to the difficulties in getting the magazine out on time during the past few months. With such a kindly helpful feeling among us all, the success of the magazine in a greater degree than in the past seems to be certain.

The account of the C.A.N.E. Convention will be a feature of the September issue, it is hoped, with reports of work done.

All correspondents for various associations will confer a favor on the Editor if material for the magazine is in the office by the 20th of the month for insertion in the next month's issue. It is the intention of the managing editor to get the current issues out earlier in each month when possible, and the help of correspondents is needed to bring this about. Please remember the oft repeated request to send in all communications typewritten when possible, and, in any case, written legibly with pen and ink, on ONE SIDE of the paper only. As space is somewhat limited for personals, please condense whenever it can be done, and the editor's blue-penciling of material sent in will be lessened.

SPRINGTIME.

For chattering martins underneath the eaves,
For scent of lilac after last night's rain,
For dainty oak-buds bursting into leaves,
For joy of beauty that is almost pain—
We thank Thee.

For hawthorn and wild parsley by the way,
For primroses and cowslips 'mid the green,
For radiant pulsing life felt every day,
For flowering orchards and the bluebells' sheen—
We thank Thee.

For tired eyes that cannot come to see,
For deafened ears that cannot come to hear,
For aching city feet that may not flee,
For all who cannot watch the waking year—
We pray Thee, Lord.

W. A. W.

News from The Medical World

By Elizabeth Robinson Scovil.

Ready-Made Medicines.

A writer in the Missouri Medical Journal very sensibly remarks that the most serious harm in ready-made medicines is the perpetual suggestion that in order to keep well one must constantly be dosing oneself. Just the opposite is true. More rigid supervision of ready-made medicines should be exercised by responsible authorities. They go to considerable trouble to see that milk is fairly free from germs. All cities go to great expense to get pure water, and yet, to prevent the loss of time from using ineffectual symptomatic remedies and from habit-forming drugs, would seem just as important as the care of water and milk.

A New Treatment for Skin Diseases.

A Danish doctor who was much impressed by the success of his treatment of burns by the means of a film of paraffin has tried the film method in exzema and leg ulcers. He found the most effectual mixture to be 1 part benzoin, 5 parts cautchouc and 100 parts neutral paraffin, with melting point at 52 C. Infected ulcers were cleaned and dried with a jet of hot air before the film was applied.

Supporting A Bed Patient.

It is recommended to roll a blanket round a cane or other round stick and fasten it with safety pins. The roll is placed across the bed under the thighs and the ends of the stick secured to the head of the bed by long cords. The patient's back is then supported by a bed rest, or pillows, or an inverted chair, and he is prevented from slipping down in bed, while he has the comfort of a half sitting position.

Infusion of Sugar.

A French authority advises the intravenous injection of concentrated solutions of sugar in toxic infectious conditions and inanition, also in the treatment of some forms of heart disease. It is used to supplement or supplant digitalis.

The Ovaries and Cancer.

A case is reported of the subsidence of an inoperable cancer of the left breast with edema of the region and of the arm. There was a deep ulceration in the axilla, the glands were enlarged and hard, the head drawn down to the left side. At the close of a menstrual period the ovaries were removed. One was healthy, the other contained a small

cyst. A week later the ulceration and edema began to subside, in two months the ulcers had healed and the glands and edema had disappeared. The general condition was completely transformed and the patient went about. No other treatment was used. The ovaries must be actively functioning for their removal to be effective.

Chronic Sciatica.

A writer in the British Medical Journal is convinced that in chronic cases of sciatica, that have not recovered under medical treatment, surgical interference should be tried. If the right type of case is selected and the operation of nerve performed, a cure can be obtained in almost every case.

Radium in Gynecology.

At a meeting of the Tennessee Medical Association a member stated that he had seen extensive, inoperable cancers of the cervix undergo most rapid retrogression under the use of radium. The hemorrhage and foul discharge ceased entirely, the patients gained in weight and color and felt such a sense of well being and comfort that they knew they were cured. Of forty patients all but four showed marked and rapid improvement. These four were in such advanced stages as to be unsuitable for the radium treatment.

Extra Foods.

In a paper on the energy contents of extra foods, it is stated that meat sandwiches such as are commonly sold in public places average 75 Gm. in weight and represent about 225 calories in food value. Salad or lettuce sandwiches, with the addition of the fat containing mayonnaise, have a value equivalent to 485 calories, almost sufficient for a lunch. These cannot be regarded as trifles by those who are seeking to reduce their weight.

Aspirin.

The Journal of the American Medical Association says that acetylsalicylic acid was patented and the trade name "Aspirin" coined for it by the predecessor of the Bayer Company. Seventeen years of exclusive monopoly and advertising made a deep impression on the minds of physicians and laymen. When the patient expired, although numerous preparations of the drug were made available under the true name, acetylsalicylic acid, physicians continued to prescribe "aspirin." The new company has conducted a strong advertising campaign in the newspapers that leaves the impression there is no satisfactory aspirin but Bayers. This seems far from being the case, as there are other reputable makers. If physicians prescribe the drug, they should write its full name, otherwise Bayers must be supplied. If a layman asks for aspirin, the United States courts have decided that the pharmacist may supply acetylsalicylic tablets by any reputable maker of tablets, they being practically the same.

The World's Pulse

By Elizabeth Robinson Scovil.

A Helicopter.

An Airplane that can rise straight into the air from the ground has been successfully tested. It is called a helicopter and is driven upward by whirling screws. It was invented by a lieutenant of the Austrian Army Balloon Corps, and is officially acknowledged to be the first in the world which, after making the ascent, remained hovering in the air. A British helicopter has been invented which cannot only rise straight in the air and hover there, but can also move from point to point. These machines are said to solve the problem of vertical flight.

Culture Pearls.

The Japanese have discovered a method of producing pearls at will. A foreign substance is introduced under the liver of the oyster, which is then returned to its bed in the sea. The irritation caused forces the oyster to cover the offending irritant with an exudation called nacre, and in time it becomes a pearl. The size depends upon the length of time it is permitted to grow. Pearls can be grown as large as six or seven grains. This discovery has had a depressing effect on the pearl market.

Long Distance Telephoning.

In April a conversation was held between Cuba and the Island of Catalina, off California, a total distance of 5,561 miles. A deep sea cable, the land wires of the United States and a final section of wireless telephony was the means used. It is stated that if land wires alone were used the conversation could be heard as clearly over a distance of ten thousand miles. With proper equipment, it is possible for London to talk with Capetown and Calcutta, or even with Hong-Kong and Pekin. Conversations can then be held with Melbourne and Ottawa, and the whole Empire brought within speaking distance.

A Perfectly Healthy Woman

A Scotch woman, a Mrs. Ross, of Caithness, has recently died at the age of 101. She had never been ill until within four or five days of her death; had never consulted a doctor, nor tasted medicine.

Prison Reform.

In a Bill which should soon become law it is proposed that insane

criminals shall be given special treatment. Prisoners shall have an opportunity to do industrial work of some value and shall be paid for it. Schools shall be established in penitentiaries and a regular penitentiary board be formed. These reforms will make for the mental and physical improvement of the inmates and give them an opportunity to earn a little towards the maintenance of those dependent on them.

Permanent Number Plates.

An automobile association has suggested that permanent number plates, with a section where the date of the year can be inserted and changed when necessary, should be adopted by the Department of Public Works. They would save much unnecessary expense.

Porcelain Money.

A series of porcelain coins for Guatemala has been designed at the porcelain works at Meissen, Saxony, long famous for its manufacture of porcelain. If it is accepted, this currency wil replace the money made of hard rubber now in circulation in the Central American Republic. Paper money cannot be used there because of the climatic conditions.

Meeting Housing Conditions.

Four houses a day were built in Toronto in May between six o'clock in the morning and eleven o'clock at night. Seventy-five men were employed in the construction of one of the houses, which has a foundation of cement blocks.

An Important Appointment.

The University of London has appointed Dr. Louise McIlroy director of obstetrics and gynecology at the Royal Free Hospital, London, as professor of this department of the London School of Medicine for Women, which works in connection with the Royal Free Hospital. Similar positions elsewhere are held only by men. The Queen was present to honor the appointment of the first medical woman to hold a post of such importance. Canadian Medical women have long been fighting, first for admittance as students in the medical faculties of the Canadian Universities; secondly for posts on the staffs of Public Hospitals; thirdly for the same fees as men in general practice. English women doctors have obtained all three objectives.

God bless thee, dear . . .
With blessings beyond hope or thought,
With blessings which no word can find.
The Miller's Daughter.

Canadian Army Medical Nursing Service Department

In the last issue the name of Nursing Sister Isabel Davies, A.R.R.C., was inadventently omitted from the list of those attending the Convention at Quebec.

Captain and Mrs. Stuart Ramsey (nee Nursing Sister Juliette Pelletier), have returned from India to spend the summer at Quebec.

Mr. and Mrs. William White announce the marriage of their niece, Nursing Sister Eveline Mary Whitney, A.R.R.C., to Mr. John Raymond Robbins, on June 13th, in New York City.

Matron E. F. Pense, M.R.R.C., of the Military Hospital, Winnipeg, has acquired a car and devotes much of her leisure to motoring throughout the surrounding country.

After a prolonged visit throughout Western Canada, Nursing Sister Charlotte Younghusband, A.R.R.C., has returned to her home at Portage la Prairie.

Nursing Sisters Jean A. MacDonald and Alison B. McNeil, of the S.C.R. Hospital, Tuxedo Park, Winnipeg, were demobilized on June 30th.

Nursing Sisters E. W. Odell, M.R.R.C., and J. Dwyer have been on duty at the Cadet Camp, Military District No. 4.

Nursing Sister J. I. Bell, A.R.R.C., is visiting in Ottawa, the guest of her sister, Mrs. A. E. Fripp.

Amongst those present at the reception given at the Mount Royal Club, Montreal, in honour of Matron K. O. McLatchey, M.R.R.C., was Colonel Harry Blaylock, C.M.G., of London, England. Many were the warm handshakes extended to Colonel Blaylock. His kindness and courtesy whilst acting as Assistant Canadian Red Cross Commissioner, Boulogne, and Canadian Red Cross Commissioner, London, will long be remembered by members of the C.A.M.C. In Colonel Blaylock a sympathetic listener was always found. He had the art of making a requisition on the Red Cross a pleasing feature to Nursing Sisters.

Miss S. Cameron, R.N., and Miss Isabella Muir, are supervisors in Miss E. M. Wilson's (late Matron C.A.M.C.) Hospital, Stamford, Conn.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

At the monthly meeting of the Executive Committee held on Friday evening, April 29th, Miss Lucy White was appointed Registrar of the C.N.A., and on the 18th of May entered upon her new duties at 638 Dorchester Street, West. We welcome Miss White and wish her every success.

The monthly meeting of the C.N.A. was held in the Club Room on Tuesday evening, May 3rd. After the transaction of the usual business, the Rev. Canon Shatford gave a most interesting lecture to the nurses, his subject being "Fighters and Writers." The lecturer gave many instances of the combination of the fighting and writing spirit, and of fighters producing writers, and writers fighters, giving extracts from the works of several authors.

We the glad to report that Miss May MacDougall is feeling much better after a few weeks' visit at Saranac Lake, N.Y.

Miss Birkett-Clarke has opened up her summer home at Chateauguay, Que. Miss Dow, who had been a patient in the Montreal General Hospital for some weeks, is visiting her for the next few weeks.

Miss Agnes Bullock is leaving on June 1st for a three months' visit to Portland, Oregon. She is accompanied by her sister, Miss Stella Bullock. We wish them a pleasant holiday.

Miss Ida Cooper leaves next week to spend the summer months at Saranac Lake, N.Y.

Miss Phillips and several members of the association are attending the Conventions of C.A.N.E. and C.A.T.N. in Quebec, May 30th to June 5th.

The tiny-trumpeting gnat can break our dream
When sweetest; and the vermin voices here
May buzz so loud—we scorn them, but they sting.

Elaine.

Hospitals and Nurses

MANITOBA

Brandon.

The annual meeting of the G.N.A. was held May 3rd at the home of Mrs. G. E. Fraser. A satisfactory report of the year's activities was read by Miss Margaret Gemmell. The membership now numbers 48, and in the past two years the sum of $1,300.00 has been raised by the Association for the purpose of furnishing a diet kitchen for the hospital to be built in the near future.

The Manitoba G.N.A. held their annual convention in Brandon early in the year, and the local nurses deemed it a privilege to listen to the splendid papers and discussions.

Another branch of the work was the support of a native nurse in China.

The officers elected for 1921-1922 are:—Honorary President, Miss Birtles; President, Mrs. Pierce; Vice-President, Mrs. Barrager; Secretary, Miss Sutherland; Social Convener, Miss Thidd; Treasurer, Miss Cannon; Press Representative, Miss Hulbert; Registrar, Miss C. McLeod.

A vote of appreciation to the President, Mrs. Pierce, and the Secretary, Miss Gemmell, was unanimously carried for the splendid work done by these officers.

Winnipeg.

The graduation exercises of the 1921 Class of the W.G.H. were held May 12th in the new science building of the University of Manitoba, over 700 people being present. J. S. Hough, president of the Hospital Board, presided, and all the nurses belonging to the training school attended. Addresses were given by Archibishop Matheson and Chief Justice Mathers. The diplomas were presented by Mrs. R. A. Rogers, M.L.A., and the medals pinned on by Miss Powell, superintendent of nurses.

The hospital presented a scholarship for $500.00, the recipient to take a teacher's course in either McGill University, Montreal, or Columbia University, New York, and, after completion of course, to spend one year in her own school. Miss M. M. Skinner was the fortunate winner.

The following prizes were presented by Mrs. R. A. Rogers:

Highest general proficiency prize, presented by the Ogilvie Milling Company, to Miss Mabel May Skinner.

Best executive work prize, presented by G. F. Galt, to Miss Florence Olive Cronie.

Best practical work prize, presented by Mrs. R. A. Rogers, to Miss Helen C. Begg.

General proficiency prize, intermediate class, presented by E. L. Drewry, to Miss Mary M. Black.

General proficiency prize (junior class), presented by Max Steinkoff, to Miss Susie Starkey Kelsey.

Class of 1921:—Myrtle Argue, Anne T. Anderson, Annie Isabel Andrew, Margaret May Ard, Nettie Elizabeth Blough, Olive Edna Brown, Pearl A. Brownell, Helen G. Begg, Flossie Olive Cromie, Pearl L. Campbell, Mary Edith Curry, Helen Florence Carey, Dorothy C. Christopherson, Mary Henrietta Ellis, Rose Fred, Hazel E. Fuller, Mary Arva Fallis, Aimee Margaret Hobson, Sylvia Haney, Gertrude May Hall, Geraldine Hayden, Mabel E. Horn, Clara Jasper, Anna Jonsson, Pearl Jones, Agnes Jack, Myrtle E. Knittel, Ellenor L. Lynch, Clara Barton Lee, Isabelle McKenzie, Annie Isabel McDiarmid, Rena Grace McKeevor, Violet Eliza McAleese, Helen Gladys Mackay, Margaret Alexandra Marks, Lorna Ray Mathers, Elspeth Alberta Moffatt, Marjory B. Moffatt, Blanche L. Swanston, Olive Rae, Tillie Munn, Josephine H. Morgan, Elizabeth Winnifred Patterson, Elizabeth Patrick, Clara Edna Shields, Ada Bertha Schweitzer, Euphemia Mae Stauffer, Mabel May Skinner, Hazel H. Stanley, Jessie Gertrude Snider, Margaret Stowe, Anita Viola Sinclair, Hazel Mary Wallington, Merle R. Wright, Jessie E. Williamson, Mabel Mary Sharpe.

A special meeting of the Manitoba Association of Graduate Nurses was held in Winnipeg on May 17th to discuss the formation of a central registry.

For quite a number of years the Alumnae of the Winnipeg General Hospital have conducted a nurses' register, but feeling that the time has now come when a registry should be formed on a broader basis and to serve a wider field, the association at the last meeting voted to give up their registry.

The members of the Manitoba Association of Graduate Nurses voted for the formation of a central registry which will also act as a bureau of information, and which will deal with institutional positions as well as private duty cases. A committee was nominated which represents the larger training schools of the province, each alumnae association, the M.A.G.N., and also the Public Health Section and the Private Duty Section of the M.A.G.N.

It is hoped that this registry, when formed, will be able to meet every need in the nursing field of the province.

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QUEBEC

Montreal.

Miss Annie Smith and Miss Amy Ross (M.G.H., 1918), have resigned from the staff of the General Hospital, and have been succeeded

by Misses M. Batson and G. Jackson (1921).

Miss Scarlett has accepted the position of office nurse for Dr. Powell.

The graduating exercises of the Class of 1921, M.G.H., were held June 16th. Addresses were given by the President, Mr. Farquhar Robertson, and Dr. F. G. Finley. Thirty graduates were presented with medals and diplomas. Misses M. Batson and F. Whiting were the winners of the prizes given by the Board of Managers for general proficiency. Tea was served at the close of the exercises on the roof garden of the nurses' residence.

Miss Granger Campbell (1914) has resigned her position as superintendent of the City Hospital, Saskatoon, Sask.

Dr. and Mrs. Stuart Ramsay (Miss Juliette Pelletier, 1914), have returned from India and are visiting friends in Quebec.

Miss Young, lady superintendent; Miss Strumm, Miss Davies, Miss Holt and Miss Rayside, of the M.G.H., attended the Convention of the C.N.A.T.N. held in Quebec, when Miss Livingstone, for so many years Lady Superintendent of the Hospital, was made a life member of the association.

Miss Rayside, instructor at the M.G.H., and Miss Hallie Carman, (1910), are spending holidays in England and France.

Miss Laura Holland (1913) has severed her connection with the social service department of the M.G.H. and has gone to Toronto to take up work on similar lines. Miss M. L. McDermot (1911) succeeds Miss Holland at the M.G.H.

Miss Lucy White (1905) has been appointed Registrar for the Nurses' Association.

Miss Lillian Stewart (1917) has accepted a position as office nurse for Dr. Nixon, Grand Mere, Que.

Miss Van Buskirk (1897) has left Montreal and has taken up her residence in England.

Miss E. L. Dickie (1910) has resigned her position with the Laurentide Paper Co., at Grand Mere, P.Q.

Mrs. E. J. Giffin has resigned her position as night superintendent of the Women's Hospital, New York, and is doing private nursing in that city.

Royal Victoria Hospital.

Miss Guernsey, who has been for the past year in Bermuda, has returned to the R.V.H. as night superintendent.

Miss Hersey, Superintendent of the Training School; Misses McLellan, Etter and Bellehouse, of the staff of the R.V.H., attended the conventions held in Quebec.

Miss Margaret MacIntosh (1902), formerly on the staff, passed through the city on her way to Evanston, Ill., where she has accepted a position.

Mis Florence Macmillan (1917) has resigned from the staff of the R.V.H. and intends, after a holiday, to do rural school nursing in Saskatchewan.

Mrs. Eric Paice (Miss Aileen Pomeroy, 1916) has returned from England.

JEFFREY HALE'S HOSPITAL, QUEBEC.

The out-of-town graduates who attended the conventions held in this city in June were Misses Mackie, Ambridge, Caron and D. Ford.

Miss Edith Glass and Miss E. F. Mathieson have accepted positions in one of the hospitals in New York City.

We regret the critical illness of Miss Gladys Hartley, who recently underwent a serious operation in the Lachine General Hospital.

Miss Cecile Caron has been appointed Lady Superintendent of Shawenigа Fall's Hospital.

Dr. and Mrs. Riddell (Louise Caron) have left for the west, where they intend to settle.

The students of the School for Graduate Nurses of McGill University entertained at a luncheon at the Windsor Hotel on Thursday, May 26th. The table decorations were carried out in McGill colors, and special hand-painted place cards were used. The guests included Miss Madeline Shaw, director of the course; Miss Hurlbatt, of the Royal Victoria College; Dr. Maude Abbott, the lady superintendents of the hospitals of the city, and Miss De Lany of the Victorian Order of Nurses. The partial students of the course were also present. Miss Charlotte Black, class president, welcomed the guests in a few well-chosen words, and at the conclusion of the luncheon short speeches were made by Miss Shaw, Miss Hurlbatt and Dr. Maude Abbott.

The following day the members of the class, together with the students of the social service class and the School of Physical Education, received their certificates at the Royal Victoria College, in convocation hall.

In the absence of Sir Arthur Currie, Dr. Adams, vice-principal of the university, presided. In presenting the certificates to the nurses, Dr. Adams remarked upon the high standing taken by the students in this first class for graduate nurses at the university.

Prizes given by Miss Helen Reid, B.A., L.L.D., for the highest average of marks, was awarded to Miss A. Slattery, of the Royal Victoria Hospital, Montreal, in the Public Health Course, and to Miss Beatrice O. Watson, of the Royal Victoria Hospital, in the Teaching and Administrative Course. The highest number of marks in this latter course were taken by Miss Ethel M. Sharpe, Homeopathic Hospital, Montreal, and

the highest number of honors by Miss Nora McPherson, General Hospital, Hamilton.

Following the convocation, Miss Shaw entertained for the nurses at a tea, when Dr. Maude Abbott, Instructor in History of Nursing, presented each member of the class with an autographed copy of her book, "Florence Nightingale as seen in her Portraits," which was much appreciated.

Before separating, the class formed an Alumnae Association, Miss Margaret McCammon being elected president, Miss A. Slattery vice-president, and Miss E. Sharpe secretary treasurer. Miss Madeline Shaw was unanimously elected honorary president of the Association, and Dr. Maude Abbott, Miss Helen Reid, Miss Hersey and Miss Fairley were made honorary members.

Several members of the Alumnae Association attended the conventions of the Canadian National Association of Trained Nurses, and the Canadian Association of Nursing Education, at Quebec. Among these were Miss Margaret McCammon, Miss Charlotte Black, Miss Kathleen Panton, Miss Kingston, Mrs. Young, and Miss Ethel M. Sharpe.

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NOVA SCOTIA

Halifax.

A most enjoyable luncheon was given at Health Centre No. 1, July 4th, American Independence Day, by the nurses in honour of their chief nurse, Miss Ross and her country. Covers were laid for fourteen, and the tables were very prettily decorated with the stars and stripes, the British flag, and maple leaves, with a huge centrepiece of marigolds, carnations and larkspur, a present from the nurses to Miss Ross. At the conclusion of the luncheon, "My Country, 'Tis of Thee" and "God Save the King," were alternately sung.

Following a thunder storm, a serious fire occurred at the Aberdeen Hospital, New Glasgow, the old wing reported to have been almost completely destroyed. Under the supervision of the superintendent, Miss Nina Grant, the patients were all moved to the Nurses' Home, or the Annex, and suffered no injury or accident. The Night Supervisor and her staff are accorded grateful tribute for their efficiency in discovering the fire and giving the alarm so promptly.

The "Nurses' Registration Bill" came up for discussion before the Legislative Assembly on May 10th, but was again rejected. The same bill was presented in 1919 and 1920.

Miss Stella Dorsey has resigned her position as head nurse in the Victoria General Hospital, Halifax, to accept a position as head nurse at the Dawson Memorial Hospital, Bridgewater, Ont.

NEW BRUNSWICK

The following nurses successfully passed the examination of the New Brunswick Graduate Nurses' Association, becoming thereby registered nurses of the Province: — General Public Hospital, St. John, Misses Lillian Shand, Beatrice Reid, Cora Reid, Frances Stanley, Margaret McKinnon, Mary Murdoch and Mabel McKinnon; from the St. John Infirmary, Agnes Duffy; from the Boston City Hospital, Miss Geraldine Armstrong; from Chipman Memorial Hospital, St. Stephen, Edith Van Barm, Lillian Phillips, Maida Baskin, Stella Murphy; from Hotel Dieu, Chatham, Ruth Kehoe, C. Gertrude Whitty, Mary Maceashern; from Hotel Dieu, Campbellton, Sister Anastasis Carroll; from Moncton General Hospital, Margaret Moore, Marguerite Brown; from Lowell City Hospital, Bowell, Mass., Mary Rayworth.

Miss Lillian Kane, of the staff of the General Public Hospital, St. John, recently severed her connection with that hospital. She has served as executive nurse there for five years and leaves for a responsible position in New York. Miss Kane will be much missed in the hospital, and her request for retirement was met with decided opposition from members of the Board of Commissioners. She was presented with a silver vase by the Chairman of the Board, with hearty words of deep regret by them and from Miss Scott, Superintendent of Nurses.

Miss Annie A. White, Registrar for New Brunswick, attended the convention of nurses held in Quebec as delegate from the N.B.A. of G.N.

Miss Etta Lane has resigned as Superintendent of Nurses at the Fisher Memorial Hospital, Woodstock, after thirteen years' service. She was presented with $100.00 by the staff as a slight recognition of her services. She has left for a visit to England.

Miss Jessie Forshaw, who has been instructor of the public health training school in St. John under the V.O.N., has been appointed acting inspector of the V.O.N. in the absence of Miss Cole, who is in England.

Miss Swim has resigned from the staff of the C.M.M.H., St. Stephen.

Miss Gretchen Turner, graduate of the G.P.H., St. John, sailed from New York.

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SASKATCHEWAN

Maple Creek.

Miss Grace Fleming, R.N., graduate of the Maple Creek General Hospital (1919), has resigned her position as Assistant Superintendent of the above hospital and left to take charge of the Municipal Hospital, Melville, Sask.

On Hospital Day, May 12th, the High School girls of Maple Creek were entertained. They were shown through the hospital, and an address was given them by Mrs. Miles, one of Florence Nightingale's first

nurses who trained in St. Thomas' Hospital. This was much enjoyed by these girls, and tea was then served to them by Miss Guillod, the superintendent of the hospital.

The Graduating Exercises of the Maple Creek General Hospital Training School for Nurses were held on the hospital lawn on Thursday, August 4th, 1921.

Swift Current.

Hospital Day, May 12, was fittingly observed throughout Saskatchewan, the account of its observance as given in the Swift Current "Sun" being typical of what occurred in each of the hospital centres:

"Hospital Day was very well observed by Swift Current citizens. From three to five there was a continuous visitation of the hospital wards. Tea was served in the main hall of the hospital building, the guests being received by the Superintendent, Miss Gillespie, and by Mrs. J. A. Russell, representing the President of the Hospital Aid Society. A number of other members of the Aid assisted in the serving of refreshments. Musical selections were enjoyed at intervals during the afternoon. About twenty young girls from the Collegiate who attended the function were taken in charge by Miss Barry, who gave them a talk on nursing as a profession, as well as conducting them over the hospital and home."

On Wednesday evening, June 1st, the Graduation Exercises are to be held in the Central School Auditorium, followed by a reception and dance in the Princess Royal Theatre.

The nurses to be awarded diplomas are:—Misses Anna Cog, Clara Jupp and Olive Benson.

Moose Jaw.

The regular monthly meeting of the Moose Jaw Graduate Nurses' Association was held on May 4th, eighteen members being present. After the disposal of the routine business, a most interesting and instructive address was given by Mr. W. F. Dunn, one of our leading legal men. His subject was, "Some Points in the Laws of Saskatchewan particularly affecting Women and Children." He pointed out the fact that some of the more recent and improved legislation is due largely to the fact that women have the franchise. During a social half hour following the meeting, one of the members read a little sketch in poetic form, entitled, "Some Little Bug Will Get You Some Day," which Mr. Dunn had brought for our entertainment; it was read aloud by one of the members.

Saskatoon.

On Thursday evening, May 19th, the graduation exercises of the City Hospital were held in Butler & Myer's Hall. The twelve nurses receiving diplomas were:—Ferne Hamilton, South Mountain, Ontario; Ethel M. Hamilton, Parry Sound; Ethel M. Garvie, Saskatoon; Flossie M. McRae, Outlook; Mabel J. Dahl, Davidson; Hettie E. Fawcett, Wartime; Bessie I. Ferguson, Wilkie; Freda M. Burse, Saskatoon; Beatrice

A. Thrasher, Wisetown; E. May Hagerman, Surbiton; Nellie F. Willard, Dickson, U.S.; Irene Thompson, Brandon, Manitoba.

The address to the Graduating Class was given by President Murray, of the University of Saskatchewan.

A reception and dance followed the exercises.

Miss Inga Johnson (W.G.H., 1907) who has been visiting her sister, Mrs. K. S. Thordarson, for the past few weeks, returns shortly to her home in Winnipeg. Miss Johnson's many friends are delighted to learn that she has benefited greatly from her visit to Alberta and Saskatchewan, and trust that she will soon be able to return to her duties as Director of the Social Service Department of the Winnipeg General Hospital.

Miss Maja Hermann (W.G.H., 1907) spent a few days recently visiting in our city.

Miss Daisy M. Copeman (Deaconess Hospital, Buffalo, 1915) has been visiting her friend, Mrs. W. A. Ross, for the past few weeks. The many friends whom Miss Copeman has already made trust that she can be persuaded to remain and practise her profession in Saskatchewan.

Saskatchewan Sanitarium, Fort Qu'Appelle.

Miss E. May Fraser, the first Lady Superintendent of the Sanitarium, is visiting at the home of Doctor and Mrs. Ferguson.

Miss Jean Ramage (W.G.H., 1919) visited friends at the Sanitarium during the month. Miss Range, who is now engaged in private duty nursing in Regina, was formerly on the staff at the Sanitarium, and her many friends were glad to see her again.

Miss M. F. Gray, Supervisor of Nursing Housekeepers, visited hte Sanitarium in the interests of her work during the month. Miss Gray was warmly welcomed to the Institution, not only by her pupils, but also by the other graduates, and her visit was greatly enjoyed.

It is with great pleasure that we welcome back to her former positiin on the staff Miss Violet Wright (W.G.H., 1919) who has just recovered from a long illness.

The many friends of Bessie Stirling (W.G.H., 1917) will be delighted to learn that, following her long and serious illness, she is now back on light duty on the Sanitarium staff.

On the evening of May 14th, the staff met together in social intercourse to wish "good luck" to two of the members who are departing to other fields. Miss Latham is leaving for post-graduate work in Chicago, while Miss Helga M. Berg (Saskatoon City Hospital, 1915) is leaving the nursing profession for "married bliss." Dr. Ferguson, the superintendent spoke very highly of the services the nurses had rendered to the institution. The evening was spent in cards and music; later a dainty supper was served, followed by dancing.

REGINA.

The graduation exercises of the Grey Nuns' Hospital were most fittingly held on the evening of Hospital Day. The exercises were held in St. Mary's Hall, which was filled with the friends of the graduating nurses. The diplomas were presented by His Grace Archbishop Mathieu. His Honor, Lieutenant-Governor Newlands, addressed the class, while Miss Newlands presented the school medals. Father MacMahon, Principal of Campion College, addressed the graduating class in a few well-chosen words.

The nurses graduating were:—Misses Rachel Murray, Mary Moulding, Marie Fosberg, Margaret Donnelly, Mary Matthews, and Blanch Dalgleish.

On Friday evening, May 20th, the graduating exercises of the Regina General Hospital were held in the auditorium of the City Hall. The address to the graduating class was delivered by Dr. Hugh MacLean. His Honor, the Lieutenant-Governor, presented the diplomas. The school medals were pinned on by the Lady Superintendent, Miss Fraser. A number of special prizes were presented by Miss Newlands.

After the exercises a number of the friends of the class remained to congratulate them, and to spend an enjoyable hour in dancing.

The nurses receiving diplomas were:—Helen Riddell, Moose Jaw; Norah Campbell, Luseland; Sadie Boyce, Pembroke, Ontario; Sadie J. Peterman, Prince Albert; Gertrude E. Wright, Becher, Ont.; Mary B. Fee, Punnichy; Mary R. Mingle, Bromhead; M. Esther Redman, Saltcoats; Laura J. Bleakley, North Gower, Ont.; Florence E. Kirkpatrick, Creelman; Mary J. Young, Regina; Lottie Styan, Strasbourg; Carmina Turpin, Pense; Carrie J. Prout, Rapid City, Manitoba; Jessie M. Jackson, Wilbur, Ont.; Mary R. Newton, Brandon, Man.; J. Irene MacLanders, Brule, N.S.

The newly organized R.C.H. Alumnae Association entertained the new graduates and their friends to tea in the home the following day. The guests were received by Miss Fraser, the Lady Superintendent, and by Miss Hunter, the President of the Association.

* * * *

ONTARIO.

CHATHAM.

The graduating exercises of St. Joseph's Hospital, Chatham, Ont., were held in St. Joseph's Hall, when the following members of the 1921 Class received their diplomas and medals:—Misses Marie Desloges, Mabel Fagen, Gladys Wright, Lena Glenn, Kathleen Shea, Grace Doyle and Charlotte Neff. The chairman, Mr. J. A. McNevin, addressed the audience, and other addresses were given by Miss Mabel Eagen for the nurses and by Dr. Moriarty, Father Solanus and Mayor Brisco. The

two latter presented the diplomas and pins to the graduates. A delightful musical programme was given, and after the exercises tea and dancing was enjoyed by all present.

Woodstock.

The annual meeting of the Alumnae Association of the Woodstock General Hospital was held June 13th, and reported a very successful year financially.

Eight nurses, members of the 1921 graduating class of the General Hospital, Woodstock, received their diplomas June 14th at the residence. The presentation took place on the lawn, with many friends present. E. W. Nesbitt, M.P., presented the diplomas and Mrs. Sawtell and Miss Wilkinson the pins. Flowers were presented by little Betty Dunmoyer. Addresses were given by J. A. Calder, M.P.P.; Capt. Appleyard, and Rev. Dr. Gibson, and Mr. E. J. Coles, President of the Board, ably presided. Members of the class were:—Misses Jefferson, Uren, Kirkwood, Waters, Ward, Armstrong, Whiteman and Hastings.

London.

Twenty-four nurses, the largest class ever graduated from St. Joseph's Hospital, received their diplomas recently in St. Peter's Parish Hall. Dr. Tilman acted as chairman and gave an excellent address. The validictory was delivered by Miss O. Fehrenbach and addresses were also given by Vicar-General O'Connor and Dr. Stevenson.

Bishop McKeon presented the pins to the following:—Misses Rose Hanlon, M. Henry, K. Dann, L. Kinsella, R. Burley, H. Nicholson, E. Stewart, B. Smith, A. Gerard, A. Quirk, O. Fehrenbach, M. Munnoch, K. Burke, A. Neville, L. Frances, A. McGregor, M. Hennessey, P. McLarty, N. Rosser, R. Crosby, A. Heffernan, A. Costello, M. Hunerington and Mrs. M. McLeod-Richardson, while the diplomas were presented by the Vicar-General. A splendid musical programme was given and flowers presented to each nurse by Mary Tilman for Dr. Stevenson.

The graduating class were entertained by the Alumnae Association the following evening at a banquet. Mrs. Tighe was presented during the evening with a beautiful tray, and two recent brides, Mrs. Joseph Henry and Mrs. Walter Dodd, were also the recipients of presents.

The graduating exercises of the 1921 Class, Victoria Hospital, took place May 11th, when twenty-three graduates received their recognition by receiving diplomas and pins presented by Mr. James Gray, of the Hospital Trust, and Miss Elizabeth Ross, Superintendent of the training school. A musical programme was provided and much appreciated. The Florence Nightingale pledge was administered by Col. Gartshore, after which he addressed the assembly, regretting that illness had brought about the resignation of Miss M. E. Stanley after fifteen years' service and welcoming Miss Elizabeth Ross as her successor Rev. J. Symington and Dr. Ferguson. In the evening a reception was held in the nurses' residence to celebrate the occasion. The following graduated:—Misses

G M. Rose, F. M. Wilson, I. F. Hobbs, E. M. Stephens, A. McKnight, D. I. Wickerson, H. D. Cumming, H. M. Haskett, Isabel Ross, L. J. McGugan, I. E. Smith, Eliza Robinson, C. G. Gibson, C. E. Miller, M. G. Hardie, E. M. Gray, W. M. Jones, E. E. Weir, G. F. M. Parce, M. Munro, G. Slater, M. Hodgins, and M. C. Clarke.

The class were entertained by the Alumnae Association at an informal reception the evening previous, when cards and music furnished the entertainment.

Miss Lydia Whiting represented the Alumnae at the Quebec Convention.

More than 450 babies were examined at the Clinic in connection with the big Baby Welfare exhibit held at the Technical School recently. Dr. Helen MacMurchy, of Ottawa, addressed the public gathering held in the evening.

Ottawa.

The graduating exercises of the General Protestant Hospital, Ottawa, were held May 27th, 1921, at the Lady Stanley Institution.

Kingston.

Twenty-five nurses graduated from the Kingston General Hospital, May 12th, composing the 1921 class. Mrs. Arthur Meighen, wife of Canada's Premier, presented the diplomas and pins, and medals were given to the graduates by General Ross and others. Col. R. E. Kent, president of the Hospital Board, presided, and a very large audience enjoyed an excellent musical programme and addresses by Dr. Miller, of Queen's University, and General Ross.

Toronto.

A delightful dinner was given to the Class of 1921, St. Michael's Hospital, at the King Edward Hotel, about twenty-five being able to attend.

Sympathy is expressed for Miss A. Christie, who lost her siter recently.

Miss Cahill was appointed delegate to the convention held in Quebec.

A sum of $1,216.00 was realized as a result of the campaign of the Alumnae Association for furnishing the reception room in the new nurses' residence.

The annual meeting of the Alumnae Association of the Hospital for Sick Children was held June 13th at the residence, the President, Mrs. G. C. Story, in the chair. It was decided to increase the annual fees to $5.00, this to include subscription to the Canadian Nurse Magazine and the G.N.A.O. fee. A scholarship is to be awarded, but more definite information will be given later to the magazine. The officers for the following year are as follows:—President, Mrs. G. C. Story; First Vice-President, Mrs. G. Boyer; Second Vice-President, Miss E. Butterfield;

Recording Secretary, Mrs. F. Rogers; Corresponding Secretary, Miss A. Grindley, 544 Huron Street; Treasurer, Mrs. H. I. Canniff, 77 St. Clair Avenue; Repesentative Canadian Nurse, Mrs. J. W. Reddick, 18 Keewatin Street; Representative G.N.A.O., Miss Haines. A garden party at Lakeside was the social part of the annual meeting, and was held June 18th. The guests were received by Miss Potts and Mrs. Story, and tea was served on the lawn, presided over by Miss Kinder.

The fourth graduating exercises of the Women's College Hospital were held June 21st at the nurses' residence. Mrs. Bowman, Superintendent, presented the report of the year. Mrs. A. O. Rutherford, president of the hospital board, presided, and Miss Church presented the diplomas and pins. An address was given by Dr. J. W. F. McCullogh, Provincial Officer of Health. Following the programme a reception was held on the lawn. Winners of scholarships and prizes are as follows:—$50 scholarship for general proficiency, presented by the Alumnae Association, Miss I. P. Chadwick; prize given by Dr. M. Reid for O. R. Technique, Miss Ashcroft; prize for highest academic standing, given by Dr. Corrigan, Miss E. J. McClintock; prize for neatness, Miss Flett and Miss Holden, equal; prize to Intermediate Class, given by Superintendent and staff for proficiency, Miss A. Quigley; prize for Pediatrics, presented by Dr. Skinner Gordon, Miss Kyle Marshall; prize for Hygiene and Sanitation, presented by Dr. Edith Gordon, Miss A. Bankwitz. Those graduating were:—Misses A. I. Johnston, I. P. Chadwick, B. E. Flett, E. J. McClintock, A. McClintock, Laura Ashcroft and Gladys Holden. A theatre party, given to the graduating class by the staff doctors, brought the day to a very pleasant close. The Alumnae Association gave a banquet on the evening of the 26th, when the new graduates were received.

Miss Mathieson, Superintendent of Nurses, Riverdale Isolation Hospital, Toronto, was the hostess of a very enjoyable dance at the Graduate nurses' club house, 295 Sherbourne Street, Wednesday evening, May 25th, in honor of the Graduating Class. The decorations were carried out in garnet and royal blue, being the colors of the Training School, and Richmond roses and blue iris, tied with blue ribbons, completed the color scheme. A buffet supper was served. The nurses graduating were: Miss Mina Craig, Toronto; Miss Jane Phillips, Toronto; Miss Annie Thompson, Chapleau; Miss Phoebe Hopper, Chapleau; Miss Myrtle Hammel, Sudbury; Miss Blanche Paisley, Stouffville; Miss Lucy Marsden, Tottenham; Miss Jane Latimer, Port McNicol.

A miscellaneous shower was given at the home of Mrs. Radford (R.I.H., 1918) for Miss Mac Morningstar (R.I.H., 1917), who is being married shortly. A most enjoyable evening was spent.

Diplomas and pins were presented to twenty-one members of the graduating class of 1921, Wellesley Hospital, June 14th, 1921, and were held on the lovely grounds of the hospital. The special feature of the programme was an address by Dr. Brewer, chief surgeon of the Presbyterian Hospital, New York. After prayer by Rev. Dr. Cody, the Chair-

man, Sir William Mulock, K.C.M.G., opened the exercises by a few well-chosen remarks. The annual report was given by Miss Elizabeth Flaws, Superintendent of the Hospital, which was followed by Dr. Brewer's address. Mrs. Herbert Bruce distributed the diplomas and pins, followed by the presentation of scholarships. The reception was the finish to a most delightful occasion. The following received diplomas:—Misses E. L. Morton, W. C. Greaves, H. M. Thompson, M. Steacy, A. Derbyshire, M. I. Longman, N. M. Coulter, A. L. Barton, J. M. Lowe, D. E. Thompson, E. R. MacNamara, F. I. Pearce, M. Hardy, D. M. Powers, G. L. Stover, M. C. MacLennan, A. E. McBeath, M. E. Wilkins, J. C. Joyce, G M. Bellman and F. I. Hogg. Scholarships and prizes were awarded as follows:—The Sir Edmund Osler Scholarship—General Proficiency, Miss May Steacy, Senior Division, $50.00; Miss Dorothy Powers, Junior Division, $50.00. The Herbert A. Bruce Scholarship—Proficiency in Operating Room Technique, Miss Florence Pearse, $50.00. Intermediate Year—The Sir John Eaton Scholarship—General Proficiency, Miss Edith Cale, Senior Division, $25.00; Mrs. Barry, Junior Division, $25.00. Junior Year—The Sir William Mulock Scholarship—General Proficiency, Miss Eleanor Hinch, Senior Division, $25.00; Miss Aileen Harrison, Junior Division, $25.00.

The Central Registry of Graduate Nurses, Toronto, received its Charter on June 25th, 1921, and on the 29th of June a meeting of the groups was held to elect their councillors to the council, when Dr. Edmond King gave a very interesting address on the work of the Private Duty Nurse and her added responsibilities as one of an incorporated body. After the election of councillors, Mr. F. Barry Hayes gave a most instructive address regarding the advantages of a proposed club house and as to its success being dependent on the hearty co-operation of every member in a campaign being launched at the Canadian National Exhibition this autumn for the purpose of raising funds to purchase same. The dining hall tent, in which uniformed nurses will serve lunches, teas and dinners, will be situated at the north-west corner of the Industrial Building. At the close of the meeting Mrs. (Dr). King and Miss S. Amelia Edge, President of the Central Registry, received the nurses and their friends at a social evening and dance.

Grace Hospital—Miss S. Edge and Miss Henderson.

Hospital for Sick Children—Miss Grindley and Miss J. Hill.

Isolation Hospital—Miss Davidson and Miss Vincent.

St. John's Hospital—Miss Elliott and Miss Burnett.

St. Michael's Hospital—Miss Cahill and Miss Cholne

Toronto General Hospital—Miss Bertha M. Fife and Miss C. Brown.

Wellesley Hospital—Miss Stewart and Miss Carruthers.

Western Hospital—Miss Thompson and Miss Ogilvie.

President, Miss Edge; Registrar, Miss Ewing; Secretary-Treasurer, Bertha M. Fife.

BRITISH COLUMBIA.

The Victorian Order of Nurses for Canada has announced that it will offer a number of scholarships of $400.00 each to graduate nurses taking courses in Public Health Nursing in Canadian Universities. Ten to fifteen such scholarships are available for the University of British Columbia. Full information regarding these scholarships may be obtained from Chief Superintendent, Victorian Order of Nurses, 104 Sparks Street, Ottawa, or Miss Ethel Brown, 1250 Broadway W., Vancouver, B.C.

The fourth annual convention of the B. C. Hospital Association was held in Kamloops, B.C., on July 6th, 7th and 8th. The officers of the association were re-elected by acclamation, with Dr. H. C. Wrinch remaining at the head of the association.

The annual convention of St. Joseph's Alumnae Association took place June 4th, at St. Joseph's Hospital, over thirty members being present. President Ethel Saunders, R.N., was in the chair. The following officers were elected for the coming year:—President, Mrs. J. P. Sylvester; First Vice-President, Miss Mary Milligan, R.N.; Second Vice-President, Mrs. Jean Osborne; Recording Secretary, Miss E. Craighead, R.N.; Corresponding Secretary, Miss Bessie Middleton, R.N.; Treasurer, Miss Reta Marwood, R.N.; Executive Committee, Miss E. Johnson, R.N., Miss Eunic McDonald, R.N., Miss Thelma Steel, R.N., and Miss M. Lewis, R.N. Reports of the past year were read, showing marked success of the association in their first year. A vote of thanks to the retiring officers for their efforts and hard work during the year was unanimously carried. A buffet luncheon was served on the grounds of the hospital by the Sisters, assisted by Mrs. Alex. McDermott and Mrs. Angus Campbell. Benediction of the Blessed Sacrament took place at 7.30, after which a musical programme, with addresses by Miss Curtis, Dr. W. T. Barrett and Rev. Father Deaney, of Seattle, Wash.

Miss Grace McQuatt, R.N. (Class 1918), recent technician in the Radiology Department of Jubilee Hospital, left on an extended visit to Calgary and Winnipeg. Miss Nellie Gannon (Class 1919) has taken the position as night supervisor at the Royal Inland Hospital, Kamloops, B.C.

The Graduating exercises of the Class 1921 of the Vancouver General Hospital Training School for Nurses were held on Friday, June 17th, 1921, in the auditorium of the University of British Columbia.

The Provincial Royal Jubilee Hospital, Victoria, B.C., held their graduating exercises of the nurses of the Training School, Friday, May 20th, 1921, in the Alexandra Ball Room. Mr. George McGregor, Chairman of the Hospital Board, presided, and during the evening he and Rev. F. A. P. Chadwick addressed the graduates. The fourteen graduates receiving their diplomas were:—Miss Agnes Paterson, Olds, Alberta; Miss C. Ringrose, Nelson, B.C.; Miss G. H. James, Silverton; Miss Ethel Newman, Victoria, B.C.; Miss A. M. Ryan, Victoria; Miss

Maud Mirfield, Vancouver, B.C.; Miss Christine Allan, Nelson, B.C.; Miss Georgian Tranfield, Ladysmith, B.C.; Miss A. K. MacKay, South Pender Island, B.C.; Miss R. C. Nye, Ioco, B.C.; Miss W. A. Bellhouse, Galiano Island, B.C.; Miss C. Fowler, Armstrong, B.C.; Miss M. E. Stirling, Salmon Arm, B.C., and Miss Dorcas Miller, Peachland, B.C.

The following nurses passed the Provincial Registration Examination held May 25th and 26th, 1921, being the first held under the Registered Nurses' Act of 1918:—Miss Jean Paul, Nanaimo General Hospital; Miss Nancy Haughan, Nanaimo General Hospital; Miss Maud Mirfield, Jubilee Hospital, Victoria, B.C.; Miss R. C. Nye, Jubilee Hospital, Victoria, B.C.; Miss Alice Mackay, Jubilee Hospital, Victoria, B.C.; Miss Grace Ledingham, St. Joseph's Hospital, Victoria, B.C.; Miss Maud Byrd, St. Joseph's Hospital, Victoria, B.C.; Miss Frances McCaffrey, St. Joseph's Hospital, Victoria, B.C.; Miss Grace Curtis, St. Joseph's Hospital, Victoria, B.C.; Miss Franklin, Vancouver General Hospital; Miss Cooper, Vancouver General Hospital; Miss I. Richards, Vancouver General Hospital; Miss Cunningham, Vancouver General Hospital; Miss J. Fraser, Vancouver General Hospital; Miss E. Burris, Vancouver General Hospital; Miss Burnett, Vancouver General Hospital; Miss J. McDougall, Vancouver General Hospital; Miss E. Routley, Vancouver General Hospital; Miss Hausalt, Vancouver General Hospital; Miss V. Bell, Vancouver General Hospital; Miss E. I. Smith, Vancouver General Hospital; Miss E. Emery, Vancouver General Hospital; Miss M. Cameron, Vancouver General Hospital; Miss L. Findlay, Vancouver General Hospital; Miss J. Mercer, Vancouver General Hospital; Miss Chilvers, Vancouver General Hospital; Miss Collier, Vancouver General Hospital; Miss K. Scott, Vancouver General Hospital; Miss G. Perry, Vancouver General Hospital; Miss Jessie Forrest, St. Paul's Hospital, Vancouver, B.C.; Miss Lillian Sherwood, St. Paul's Hospital, Vancouver, B.C.

Prince Rupert.

Miss Charlotte Black, R.N., a graduate of the V.G.H., and the first British Columbia nurse to take the post-graduate course for institutional work at McGill University, Montreal, has accepted the position of Superintendent of Nurses at the Prince Rupert General Hospital.

Miss Sanderson, of the R.V.H., Montreal, has been appointed to the staff of the Social Service Department, Vancouver General Hospital.

Mrs. Bellamy, graduate of St. Paul's Hospital, and Miss Watson, have recently been appointed to the school nurses' staff, Vancouver, B.C.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A Justin Avenue,
Fleet and Doley Streets,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

MISS ELIZABETH BREEZE, R.N.
Chairman of Section
125 Vancouver Block, Vancouver, B. C.

NOVA SCOTIA

Dalhousie has graduated another class in Public Health Nursing. The Class President, Miss F. M. Fraser, entertained her colleagues at an afternoon tea with dancing at the Waegwoltic Club. The members of the class are Frances Fraser, Dorothy Merlin, M. M. Kerr, G. J. Crosby, Janet Campbell, C. F. MacDonald, Charlotte Brown, Mary Smith and Blanch Martel.

Earth is dry to the centre,
But spring, a new comer,
A spring rich and strange,
Shall make the winds blow
Round and round,
Through and through,
Here and there,
Till the air
And the ground
Shall be filled with life anew.

Nothing Will Die.

BIRTHS

Bajus—To Mr. and Mrs. Bajus, May 26th, 1921, at the Vancouver General Hospital, a son. Mrs. Bajus was Miss Maud Roberts.

Down—At Forrest, Ont., February, 1921, to Mr. and Mrs. George Down (Miss N. Rivington, 1915), a daughter.

Montgomery—At Winnipeg, May 6th, 1921, to Dr. and Mrs. E. W. Montgomery (Mary Bell, W.G.H., 1906), a son.

Wright—At Arcola, Man., May 12th, 1921, to Mr. and Mrs. E. T. Wright (Miss Tudhope, W.G.H., 1911), a daughter.

Coombe—At Winnipeg, May 24th, 1921, to Mr. and Mrs. C. V. Coombe (Jessie Cochrane, W.G.H., 1913), a son.

Evans—At the Montreal Maternity Hospital, Montreal, May 12th, 1921, to Mr. and Mrs. Trevor Evans (Miss D. Rhodes, M.G.H., 1918), a daughter.

Spence—At Kingston, Ont., May 9th, 1921, to Mr. and Mrs. John C. Spence (Miss Eva Dalgleish, K.G.H.), a daughter.

Brown—At the Private Pavilion, Toronto General Hospital, Toronto, May 27th, 1921, to Mr. and Mrs. E. George R. Clarke (Jessie Paxton, T.G.H., 1916), a son.

Gales—At St. John, N.B., on June 11th, 1921, to Mr. and Mrs. John Gales, a daughter. Mrs. Gales was Miss DeCou (Class 1913, M.G.H.)

McLennan—On May 29th, 1921, to Mr. and Mrs. McLennan, twin daughters. Mrs. McLennan was Miss Margaret Baskin, graduate of the Chilman Memorial Hospital, St. Stephens, N.B.

McKay—At Marble Mountain, C. B., on June 12th, 1921, to Rev. W. B. McKay, a daughter. Mrs. McKay was Miss Mildred Akerly, (G.H.P.), St. John, N.B.

Almond—At Boise, Idaho, in April, 1921, to Dr. and Mrs. Willis Almond, a daughter. Mrs. Almond was Miss Rhyl Picken, graduate of Royal Victoria Hospital, Montreal, 1918.

Ross—At the Montreal Maternity Hospital, Montreal, Que., on May 13th, 1921, to Dr. and Mrs. Albert Ross (Miss Mollie Murphy, R.V.H., 1917), a daughter.

Robertson—At Swift Current, Sask., on March 13th, 1921, to Mr. and Mrs. James Robertson (Miss Jennie Garbutt, Owen Sound General Hospital, 1918), a daughter.

Hirst—At Cornwall General Hospital, Cornwall, Ont., on June 6th, 1921, to Mr. and Mrs. Robert Hirst (Nursing Sister Ella Rae), a son—Robert Rae.

FARMER—In May, 1921, to Mr. and Mrs. A. H. Farmer, London, England, a son. Mrs. Farmer was Miss Dorothy Sanderson, R.V.H., 1916.

SIBBETT—At Winnipeg, on May 4th, 1921, to Mr. and Mrs. Sibbett (Miss Brown, W.G.H., 1917), a daughter.

BECK—At New Westminster, B.C., on November 29th, 1920, to Mr. and Mrs. Alexander Beck (Miss Patterson, W.G.H., 1915), a daughter—Elizabeth Mary.

RANDAL—At the Winnipeg General Hospital, on February 20th, 1921, to Mr. and Mrs. Phillip Randal (Miss Ivy Griffiths, W.G.H., 1915), a daughter.

MARRIAGES

ANDERSON-GORDON—At Montreal, April 23rd, 1921, Miss Lillian Gordon (M.G.H., 1915), to Mr. Colbourne Anderson.

FLEMING-SHAW—At St. Saviour's Church, Penticton, B.C., on July 14th, by the Rev. Canon Thompson, Huberta Margaret, youngest daughter of Major and Mrs. C. A. E. Shaw, of Cawston, B.C., to Mr. John Ross Fleming. Mrs. Fleming is a graduate of the Vancouver General Hospital. Mr. and Mrs. Fleming will reside in Cawston, B.C.

GRIFFIN-MCELHOES—At Vancouver, B.C., on May 3rd, 1921, Nursing Sister Martha B. McElhoes, (V.G.H., 1921), to Mr. M. J. Griffin, of Woodfiber, B.C.

HARRINGTON-SAGE—At St. Andrew's Church, Vancouver, B.C., on June 2nd, 1921, Flora Sage, R.N., to Mr. John Harrington, both of this city. Miss Sage is a graduate of Calgary General Hospital.

HYDE-HUNTER—At Armstrong, B.C., on May 4th, 1921, C. Mildred Hunter (Vancouver General Hospital, 1917), to James S. Hyde, of Edmonton, Alberta.

THOMSON-SHARP—At Magna Bay, B.C., on April 6th, 1921, Nina Florence Sharp (graduate Montreal General Hospital, 1917, and Nursing Sister C.A.M.C.), to Mr. Thomas Thomson, late 54th Kootenay Battalion. Mr. and Mrs. Thomson reside at Eagle Bay, Shuswap Lake, B.C.

KERR-MACDONALD—At the Holy Angel's Church, Buffalo, N.Y., on June 24th, 1921, Bertha Evelyn MacDonald (M.G.H., 1917), daughter of Dr. D. D. and Mrs. MacDonald, Alexandria, Ont., to Mr. Charles H. Kerr. They will reside in Buffalo, N.Y.

MOONEY-MURRAY—At. St. Alban's Church, Winnipeg, on March 28th, 1921, Miss Pearl Bradley (W.G.H., 1919), to Mr. A. W. Lee.

PATTERSON-MCKINSTRY—At Winnipeg, Man., on April 9th, 1921, Miss Georgina McKinstry (W.G.H., 1920), to Mr. D. A. Patterson.

MORTON-HARRIS—At Montreal, on June 3rd, 1921, E. A. Harris (M.G.H., 1916), to Mr. Ernest T. Morton, of Quebec City.

WHITEHEAD-ATKINSON—At St. Andrew's Church, Prince Rupert, B.C., Elizabeth Atkinson (graduate of the Vancouver General Hospital, Vancouver, B.C.), to Mr. Geoffrey Whitehead, of Prince Rupert.

BOULTBEE-WHITEHEAD—At St. James' Church, Vancouver, B.C., July 12th, 1921, Helen Jeannette Whitehead (graduate of the Vancouver General Hospital, Vancouver, B.C.), to Capt. Leonard Boultbee, of Vancouver, B.C.

ROBINSON-FOX—At Winnipeg, Man., on June 1st, 1921, Pearl Fox, of Gagetown, N.B. (graduate of the General Public Hospital, St. John, N.B.), to Mr. Howard Robinson, of St. John, N.B.

BEATTY-COLE—At St. John, N.B., recently, Gertrude Cole (graduate of the General Public Hospital, St. John, 1919), to William Beatty, of St. John, N.B.

STEAD-HEGAN—At St. John, N.B., on June 15th, 1921, Edith Hegan, R.R.C., to Mr. Basil Stead, of Ottawa. Miss Hegan graduated from the New York Hospital, New York, and served with distinction overseas, winning the R.R.C., and served in Canada as Matron of the Military Hospitals in St. John and Regina.

MUSSELL-CASWELL—At Maple Creek, Sask., on April 18th, 1921, Almira Caswell, R.N. (graduate of the Maple Creek General Hospital, 1920), to Mr. Byron Mussell, of Tompkins, Sask.

PRATT-MCDOWELL—Recently, at St. John, N.B., Alethea McDowell (graduate of the G.H.P., St. John, 1920), to Dr. Chas. M. Pratt. They will reside in St. John.

DAVIDSON-WOODHEAD—At Galt, Ont., July 4th, 1921, Miss Florence Elizabeth Woodhead (R.V.H., 1917), to Mr. William James Davidson, Jr. Mr. and Mrs. Davidson will live at 407 McLean Street, Ottawa, Ont.

HAYES-BOWIE—At St. Anne's Church, Toronto, Anna Bowie (St. Michael's Hospital, Toronto, 1916), to Dr. J. Vernon Hayes. They will reside in Peterboro.

ROCHE-HECK—At. St. Peter's Church, Toronto, April 20th, 1921, Gertrude Heck (St. Michael's Hospital, Toronto, 1920), to Mr. Wilfred Roche, Windsor, Ont.

DEATHS

KENNEDY—At St. Michael's Hospital, Toronto, on April 13th, 1921, Miss May Kennedy (St. Michael's Hospital, Toronto, 1916).

WALLBRIDGE—On Wednesday, May 25th, 1921, at the Private Pavilion, T.G.H., Gladys E. Wallbridge, beloved daughter of Mrs. H. E. Wallbridge, of Massassaga, Ont., and graduate of the T.G.H., 1915. During her final year her health broke down, and for seven years was confined to her bed, suffering constantly. She was an example to all who knew her. Her courage and cheerfulness were an inspiration. Funeral services were held at the chapel of the T.G.H. Almost the entire class of 1915 were able to attend, as well as many other nurses who had learned to know and love her. The interment took place in Belleville.

THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES WANTED for General Duty. Salary $90.00 per month and full maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania.

MENDING A NERVE.

Sufficient time has now elapsed to render assured the complete success of one of the most striking surgical experiments resulting from the war.

The patient, a young officer at the Queen Alexandra Hospital for Officers at Highgate, had been severely wounded in the forearm, four inches of the ulnar nerve, one of the important nerves supplying the hand, being totally destroyed, thus rendering the hand practically useless.

"About one case in ten of ordinary nerve-grafting with laboratory-treated nerves succeeds," the surgeon who did the operation told me, "so I decided to replace the destroyed nerve with another similar nerve as nearly alive as possible."

Search was therefore made at a number of London hospitals until the surgeon found what he wanted — a case of a limb amputation, from which was obtained the required length of a practically living, healthy nerve of the same quality and size as the destroyed ulnar. This was sent to the officers' hospital by taxicab. On its arrival the officer was at once anaesthetised, the wound in his forearm was opened, and the section of leg nerve was sewn to the two ends of the injured ulnar, thus bridging the gap. The wound was then closed.

After some weeks faint sensation and, later, power to move the muscles of the hand governed by the ulnar nerve, gradually returned, until a few weeks ago the officer was able to leave the hospital and take up light duties at a home station.

WANTED

Registered Nurses and Male Attendants who are thoroughly experienced in the care of neurological and psychiatric patients. Address Anna G. McCrady, R.N., Supt. of Nurses, National Sanitarium, Marion, Indiana.

WANTED

At Batavia Hospital, Batavia, N.Y., an Assistant Superintendent qualified to teach in a registered Training School for Nurses. Apply to Superintendent, giving date of graduation, experience, and salary expected.

Offered By
THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES.

A scholarship of $500.00 is offered by the Canadian National Association of Trained Nurses to assist a nurse desirous of taking the one-year Nursing Course in McGill University, the winner of the scholarship having the choice of the courses given: Teaching in Schools of Nursing; Administration in Schools of Nursing; Public Health Nursing.

Applicants must fulfil all of the requirements as set forth by the University:—

(a) — Educational standing, evidences of a complete High School education or of an equivalent which is adequate to the requirements of the University.

(b) — Professional standing, evidences of the satisfactory completion of a course in a Nurses' Training School of approved standards connected with a Hospital of at least 50 beds and covering a complete general training of at least two years.

In addition to these requirements, the applicant shall be a member of one of the Nursing Organizations affiliated with the Canadian National Association of Trained Nurses.

For full particulars in regard to the course, nurses should write to Miss M. Shaw, Department of Nursing, McGill University, Montreal.

As the scholarship is open to nurses desiring to enter the University this fall, applications should be in as early as possible — no application received later than September the first being considered. For further information, and for formal application forms, write to the Secretary of the Scholarship Committee,

MISS HELEN RANDAL, R.N.,
125 Vancouver Block,
Vancouver, B.C.

WANTED!

Graduate Nurses for general duty. Salary Ninety Dollars ($90.00) per month and maintenance. Apply to Supervising Nurse, Philadelphia Hospital for Contagious Diseases, 2nd and Luzerne Sts., Philadelphia.

THE VICTORIAN ORDER OF NURSES FOR CANADA

Offers Scholarships

The Victorian Order of Nurses for Canada offers scholarships of $400.00 each to graduate nurses who wish to avail themselves of a post-graduate course in public health nursing at the Universities of Vancouver, B.C.; Toronto and London, Ontario; McGill, Montreal, Que., and Dalhousie, Halifax.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course at prevailing salaries.

Application for scholarships must be made at the earliest date to the Chief Superintendent, 104 Sparks Street, Room 4, Ottawa; Miss Ethel Brown, 1250 Broadway, W., Vancouver, B.C.; or to Miss E. Ada Luxon, 344 Gottingen Street, Halifax, N.S.

Prospectus for Universities courses may be had upon application to the Universities.

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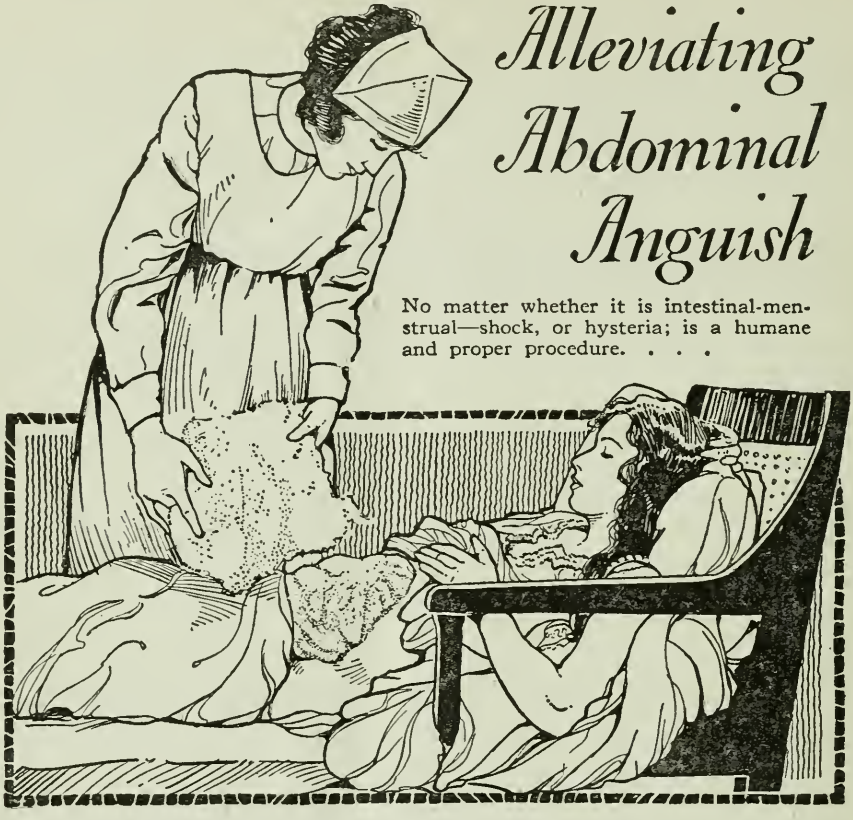

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How to prepare croutons: Cut slices of bread into one-inch blocks and place on a baking dish and bake until golden brown. Place in a tin box or jar and seal. When ready to use just reheat to crisp and then serve. Stale bread may be used for this purpose.

PUREE OF SPINACH

Wash and thoroughly clean, and then chop fine and measure and place two cups of the prepared spinach in a saucepan. Add two cups of cold water, and bring slowly to a boil and cook for 15 minutes. Rub through a fine sieve and return to the saucepan. Now add: Two and one-half cups of milk; six tablespoons of flour; one tablespoon of grated onion; one tablespoon of finely chopped parsley. Stir to dissolve the flour and then bring to a boil. Cook slowly for five minutes and then season to taste and serve. The coarse outside leaves of lettuce may be used in place of the spinach, or one and one-half cups of watercress or one cup of parsley.

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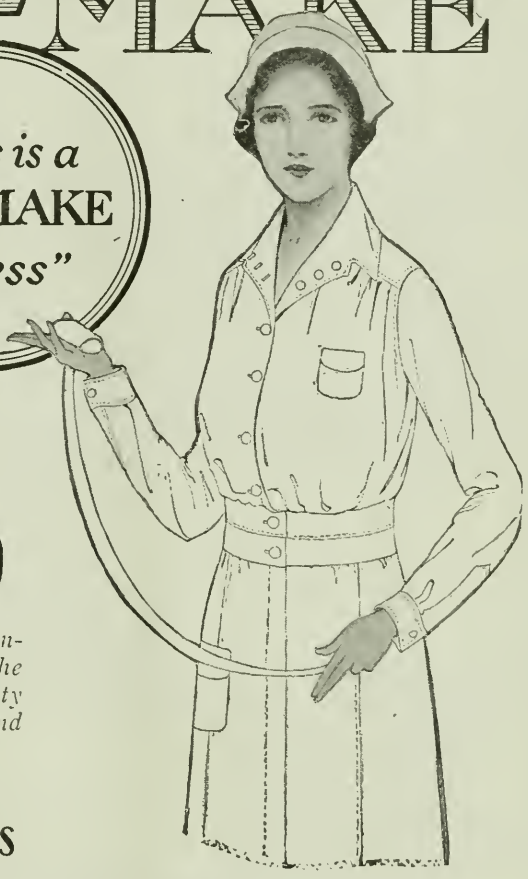

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Vol. XVII. No. 9

THE CANADIAN NURSE

AND HOSPITAL REVIEW

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SEPTEMBER, 1921

	Page
Graduating Exercises and Canadian Nurses	551
The Question of a "Code of Nursing Ethics and Etiquette" for Canadian Nurses	553
Victorian Order of Nurses for Canada	556
Registered Nurses' Examinations	558
Report of "Inter-Relations Conference"	560
Editorial	561
Student Self-Government at Christ Hospital	562
News from the Medical World	564
Public Health Nursing Department	566
C. A. M. C. Nursing Service Department	575
The World's Pulse	582
Hospitals and Nurses	585
"Blighty in November"	589

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVII. VANCOUVER, B. C., SEPTEMBER, 1921 No. 9

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Graduating Exercises and Canadian Nurses

BY AN ENGLISH GUEST.

We received an invitation to attend "the Graduating Exercises of the Public General Hospital Training School for Nurses," and, having once upon a time gone through the course from raw probationer to sister in an English general hospital, I was very keen to attend. All things are possible in Canada, and I vaguely wondered if the unfortunate nurses would undergo some sort of a public viva voce examination.

The great night came, and, just as it always happened in England, my Better Half was detained, this time by a babies' clinic which was being inaugurated in this "city" (all Canadian towns of 10,000 inhabitants become, automatically, cities), and as no other medical man knew anything about babies' clinics except my husband, he was deputed to start the ball rolling. I telephoned to the wife of another medical man who was born and "raised" here, and from whom we had already received

much kindness, asking if she intended going, and, if so, whether I might go under her wing. She replied that she would have much pleasure in taking me and telling me who all the people were. She was very much surprised when I told her we had no "graduating exercises" in England—a statement which called forth the remark that "she thought the English were funny ; but I did not like to tell her that she could not possibly have thought the English as "funny" as I thought the Canadians!

I think it was quite the prettiest and certainly the most unusual sight I had ever seen in my life. The ceremony was held in the Methodist Church (another funny thing in Canada, there are no chapels)—an enormous building. A platform had been erected, or was already there, in front of the organ, and literally embowered in the most beautiful display of flowers—enormous baskets of lovely roses and carnations, and great mases of lilac and trailing green stuff. The first two or three rows of pews were reserved for the hospital staff, the guests of the Hospital Board, and the "Ladies' Assisting Society." This, I take to be a sort of Ladies' Committee, as I have just been appointed a member of it myself, but have not yet attended a meeting. We found ourselves in the front pew of all, quite a "preserved" seat, as my children used to call them. The organ pealed forth a lively march, and the graduates processed from the vestry two by two. There were twelve of them, and, to my amazement, they were followed by twelve tiny girls dressed in party attire, who seated themselves behind the graduates in this bower of roses.

When I was a probationer it was the correct thing to scrape your hair back from your face, and the nearer your back coiffure approached to a halfpenny bun or even a boot-button in size, the more approval we received from matron. Also we wore Sister Dora caps plastered on, and high linen collars and long skirts; nor was it considered good form to have high heels. These visions of loveliness were not content with skirts seven inches from the ground, in the approved Red Cross V.A.D. style. Their skirts were barely three or four inches below their knees, and they all wore white silk stockings and white kid shoes with very high heels. Their dresses were of white organdie, and aprons, too, but they had a sort of fichu arrangement which formed the bib of the apron in front and came down to a peak at the back. Their caps were bordered with narrow black velvet ribbon. I gave myself a shake to make quite sure that I was not at some musical comedy with a chorus of musical-comedy nurses. As a matter of fact, allowing for the difference in caps, the damsels in "The Quaker Girl," if they were arrayed all in white, would give the best idea of the attire of the graduating nurses, and the demure way they subsided in their seats and their coy glances round were too beautiful for words. Mrs. B. said they "all looked too 'cute for words."

The Chairman of the Hospital Board then called on the Methodist minister to pray, on the male glee party for a glee, and on the Baptist minister for an address. He told the graduates to "be good, sweet maids," etc. Then a damsel in pink played on the harp, and one of the medical

men followed with another speech. He also exhorted the graduates to be good, sweet maids, and the male glee party "favoured" with another glee. Then very solemnly the Presbyterian minister arose and requested the congregation to "stand while the Florence Nightingale pledge was administered" to slow music from the organ. By this time I was literally, for the first time in my life, realizing what it is like to be in "inward convulsions," a condition so beloved of out-patient mothers in my old probationer days. Dr. B. was called on for a speech next, but he contented himself by congratulating the beauteous damsels and subsiding, and then the certificates, each rolled and tied with blue and white satin ribbons, were handed to the graduates by the Chairman of the Hospital Board, badges pinned on each by the Ladies' Assisting Society, and then the little girls offered the beautiful baskets of roses, together with gifts from old patients, to the nurses, and the party walked out. The guests and the nurses all repaired to the Sunday-school room for refreshments, to be followed by a dance.

As my husband and I went home together I was quite certain of one thing—I had never enjoyed anything so much since I came out to Canada!

—*The Nursing Mirror.*

The Question of a "Code of Nursing Ethics and Etiquette" for Canadian Nurses

Madam President and Members of the Canadian National Association of Trained Nurses:

I am pleased on this occasion to introduce, upon request, the question of the preparation and adoption of a Code of Nursing Ethics and Etiquette for, and by, Canadian nurses.

It seems advisable, and opportune, that we in Canada should have something "Made-in-Canada," not only in this particular, but in the matter of text-books, generally, for use in our Training Schools. (Possibly with the proposed revision of the Canadian copyright laws, which I understand is now in effect, there may be some inducement to Canadian writers to produce books of all kinds in greater numbers in the future).

To my knowledge there is no prepared Code of Nursing Ethics in Canada, other than those of American publication, namely: "Nursing Ethics," by Hampton-Robb; and "Studies in Ethics for Nurses," by Charlotte A. Aikens; both books are excellent productions, and most fittingly expressed. Hampton's Ethics, however, has some limitations, in meeting the requirements of the extended field of nursing, as it applies mostly, almost exclusively, to the pupil in training, and the institutional

graduate nurse, with some reference to the private-duty nurse.

A more complete code may be prepared to meet the requirements of present day developments, in special branches of nursing, and organization.

As an initial step, I would advise that a committee be appointed, whose duty it would be to prepare such a code, and present it for adoption at the next annual convention.

This proposed code may be titled "Principles of Nursing Ethics and Etiquette of the Canadian National Association of Trained Nurses."

Its introductory may consist of the Definition of Ethics and Etiquette, in their general sense.

Chapter 1 may consist of General Consideration: Ethics and Etiquette, as they apply to the professional, social, and business life of the nurse; organizations; members of an organization; organizations to each other; the Alma Mater; officers of the hospital and training school; the alumnae association; the medical profession; the incapacitated member of the profession; the public generally, etc.

Each one of its chapters may be representative of some special branch of the nursing field, and prepared by a representative of each respective branch, who will be a member of the committee on preparation.

Photogravure illustrations, throughout, of great characters; short essays on character, and character building; and the Florence Nightingale pledge, may be added, as special settings.

The Advisory Committee may consist of the executive committee of the C.N.A.T.N., and with this committee the special committee confer from time to time, at regular intervals, until the book is completed. In order to facilitate the best results, it may seem advisable that the committee members co-ordinate their work, so that their progress may be somewhat parallel, in readiness for consultation.

The following books may be used as references: Ethics of Nursing, Hampton-Robb; Nursing Problems and Obligations, Parsons; Notes on Nursing, Nightingale; Talks to Pupil Nurses, Nightingale; Ethics, Dewey and Tufts; Manual of Ethics, MacKenzie; Social Psychology, McDougall; Talks to Teachers, James; Making of Character, McCunn; Studies in Ethics for Nurses, Aikens.
Essays, Emerson; Every-Day Ethics, Cabot; What Men Live By, Cabot;

There are also several prepared codes of medical ethics, easily available, of these I may mention the following: Principles of Medical Ethics, Alberta Medical Association; Medical Ethics and Etiquette, Dr. Austin Flint; Medical Ethics, American Medical Association; Medical Ethics and Cognate Subjects, Dr. Sprague. Special mention may be made of the latter, as being most unique in its style of subject matter, being

largely made up of addresses, brief, and to the point on such subjects as the following:—

"The Therapeutics of Bluff," "Doc Sivers," "The Perfect Doctor," "The Seven Ages of the Doctor," "Fuss, Feathers, and Foolishness," "Mother's Fool," "The Doctor's Dream," "Where's the Tuppence?" "A Dog, a Pipe, and a Woman," "31 Don'ts for Doctors," and several very sketchy poems dealing with the doctor mostly, but in a few instances with the nurse, to quote: "The greater masters of the common-place, Rembrandt and good Sir Walter, only these could paint her all to you: Experienced ease and antique loveliness and ponderous grace; the doctors love her, tease her, use her skill. They say, "The chief, himself, is half afraid of her." (These quotations I am convinced will place Dr. Sprague's book in the forefront of selection by our special committee).

In the other medical codes, ethics is presented under the following headings: "The duty of the physician to his patient," "Upholding the honor of the profession," "The duty of medical societies to each other," "The duty of the profession to the public," "Fees, consultations, gratuitous service," etc., etc.

In preparing this Code of Ethics and Etiquette for Nurses, I would advise that the seriousness and dignity necessary in the principles of ethics, and etiquette, be here and there relieved by a few witty anecdotes, and appropriate bits of poetry, in order to make it agreeable reading.

It has been suggested that the cost of producing this book may be offset by the revenue obtained from its sale to the various training schools, organizations, and individual members, and others who may be interested in the subject. I would like to suggest that members present pledge their personal subscription, while here, by their signatures, as an evidence of good faith and future support.

Concrete instances of the need of this proposed code are not herein specified, being considered unnecessary, in view of the fact that few of us —if any?—have escaped the experience of errors and shortcomings in our own actions, as well as in those of others; hence the acknowledged need of a written code which will serve to give us, one and all, an occasional gentle reminder.

Respectfully submitted,

MARY A. CATTON,

Read at the C.N.A.T.N. Convention, Quebec, 1921.

Victorian Order of Nurses for Canada

The annual meeting of the Board of Governors on the 11th of May was perhaps one of the most important in the history of the Victorian Order of Nurses for Canada.

A conference of the executive nurses of the Order was called one week prior to the annual meeting at which the nurses discussed the workings of the Order during past years and made valuable suggestions as to the future policy and administration. These recommendations were laid before the Executive Council at the close of the conference and then presented to the Board of Governors by the Chief Superintendent.

The annual meeting was adjourned in order to allow the local associations to pass an opinion on the contemplated changes. The adjourned meeting was held June 8th, Her Excellency the Duchess of Devonshire being present. Her Excellency expressed pleasure in endorsing the resolutions which were passed and spoke to the Victorian Order for the last time in favour of proper standards and progressive methods, of which she has always been an advocate.

The most important step was the decision to discontinue the post-graduate training in public health nursing given by the Victorian Order since its inception, replacing it with the standard courses in public health nursing provided by the various universities in Canada. This will standardize public health for the Dominion and be an advantage to the general public as well as the nursing profession. To encourage nurses to take the university courses, the Order is offering scholarships. Nurses securing these scholarships will be required to pledge one year's service to the Order upon successful completion of the course, at prevailing salaries. The universities at which these scholarships will be given are: McGill, Montreal; Toronto University; Dalhousie College, Halifax; Western University, London, Ontario; and British Columbia University, Vancouver.

Another matter of interest to public health nurses discussed at the conference was the definition of the Aims and Objects of the Order in the Royal Charter, which read:

The Objects of the Order, are:—"To supply nurses, thoroughly trained in hospital and district nursing, and subject to one central authority, for the nursing of the sick who are otherwise unable to obtain trained nursing in their own homes, both in town and country districts."

The work of the Victorian Order has frequently been defined as bedside nursing, but bedside care and district nursing are two distinct terms. Florence Nightingale said of district nursing, "nurse the family, nurse the home," which is exactly what every district nurse must do; bedside care is only the preliminary. Though the conference realized that the

Charter had been drawn up twenty-two years ago by the Honorable Mr. Justice Burbridge and Sir John Bernoit, at a time when there was no professional body of public health workers to guide them in their use of terms, and their broad outlook was shown by the use of the term "thoroughly trained in hospital and district nursing," the nurses asked that this paragraph be changed to read as follows:

> The Objects of the Order are: "To supply nurses, thoroughly trained in hospital and public health nursing, and subject to one central authority, for the nursing of the sick, the prevention of disease, and the promotion of health."

In order to explain the necessity for this change, they deemed it well to define the term "public health nursing," which reads:

> "Public health nursing is a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as a fundamental principle and developing from it all forms of educational and advisory administrative work that tends to prevent disease and raise the standard of the health of the community."

The amendment was endorsed by the Board of Governors, and the definition was considered to be exactly the expression of their conception of the work of the Victorian Order in Canada in the field of public health.

This forward policy of the Order will produce the happy result of drawing all branches of the nursing service in the Dominion together and will be a further encouragement to graduate nurses taking up public health work.

Any graduate nurse in good health, and able to meet the educational requirements of the several universities, who is in need of financial assistance to enable her to enter for the course, can make application for a Victorian Order scholarship by applying to the Victorian Order of Nurses for Canada, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ontario.

J. CHARLOTTE HANNINGTON.

Registered Nurses' Ezaminations

University of Saskatchewan

Diseases of Children.

1. How would you prepare and keep bottles for artificial feeding of infants?
2. (a)—What is marasmus?
   (b)—What are the very important points to be observed in caring for a child with a tendency to marasmus?
3. (a)—Describe the stool of a baby suffering from very severe intenstinal indigestion.
   (b)—What advice would you give a mother with a view to the prevention of summer diarrhoea in children?
4. What are the predisposing causes and the exciting cause of lobar pneumonia?
5. (a)—Give cause of Ophthalmia neonatorum and the probable results, if the disease is not arrested.
   (b)—Mention some important points to be remembered in the care of gonorrhoeal infection of the eye.

Obstetrics.

1. What is meant by the terms:
   (a)—Presentation.
   (b)—Liquor amnii.
   (c)—Lochia.
   (d)—Precipitate labor.
   (e)—Dry labor.
   (f)—Puerperal septicaemia.
   (g)—Secundines.
   (h)—Ophthalmia neonatorum.
2. Describe your management of a maternity case in labor until third stage is over, in absence of a doctor.
3. What would be your treatment of
   (a) mother from time Placenta is expressed until tenth day.
   (b) child from time of birth until tenth day.
4. How would you control profuse hemorrhage from uterus immediately after delivery? What drugs are used to assist in control of hemorrhage at this time?
5. Give your advice to an expecting mother
   (a) as to her mode of living during pregnancy.
   (b) what preparations she should make for the confinement.
6. What is Ecclampsia. What signs would lead you to believe a patient to be in danger of Ecclampsia?

Hygiene, and Preventive Medicine.

1. Give general rules for the prevention of the spread of Tuberculosis.
   What precautions would you take for the protection of yourself and others in nursing such a case?
2. Give general rules for the protection of your own health during training or as a private nurse.
   What measures would you advise to keep yourself in good condition?

3. Name two contagious diseases against which the public may be positively immunized and state what preparations would be used for this purpose, in each case.
4. Give general rules for the prevention or cure of constipation.
5. Name some factors that tend to retard the normal growth of a child, and state how they may be remedied.
6. Name three methods by which germs may be destroyed.

NOTE.—Answer any five questions.

Dietetics and Nursing Ethics.

1. (a)—Give general rules for feeding the sick.
   (b)—Give four points to be observed in the preparation of an invalid's tray.
2. Discuss diet in Nephritis, Diabetes, Typhoid.
   (b)—Show that diet is based on the pathology of all disease.
3. State in detail how to cook
   (a) a steak
   (b) a chop
   (c) a piece of bacon.
4. Describe a nurse's duties in private work as concerns
   (a) Personal appearance and habits
   (b) Obligations to patient, physician and family.
   (c) Conduct in sickroom.
5. What should be the attitude of the nurse towards hospitals?

Surgical Nursing, Operating Room Technique and Gynaecology.

1. (a)—Classify burns according to their severity and describe condition in each degree of burn.
   (b)—Give emergency treatment and state complications that are to be watched for.
2. Define gangrene, embolus, hysterectomy, salpingitis, ööphorectomy.
3. (a)—Give preparation of patient for abdominal operation given 24 hours in which to prepare.
   (b)—Give preparation of patient for mastoid operation.
4. (a)—How would you prepare yourself to assist at an abdominal operation?
   (b)—Name four kinds of suture material and state when each is used.
5. Give signs and treatment of post operative shock.
6. (a)—Give signs that would lead you to suspect an ectopic gestation.
   (b)—What is the usual treatment in such cases?

NOTE.—Answer any five questions.

Medical Nursing and Materia Medica.

1. (a)—What special points are to be observed when nursing patients with cardiac diseases?
   (b)—What do you understand by "blood pressure"?
2. State the marked symptoms in
   (a) epilepsy
   (b) hysteria
   (c) apoplexy.
3. For what purpose is a turpentine enema given? (b) a starch enema? (c) Describe the preparation of and method of giving each.
4. (a) Name three Bromides and give dose of each.
   (b) Give the effect and state indications for which they are given.
   (c) Veronal—give dose—state effect and when indicated.

5. Define the following: cathartic, anodyne, hypnotic, diaphoretic and emmenagogue.
6. (a) What is meant by idiosyncracy? Explain fully.
   (b) What is meant by vaccines and serums. Give examples.
   (c) How is anti-diphtheric serum procured and on what principle does its action depend?

Report of "Inter-Relations Conference"

(At the 41st Annual Meeting of Ontario Medical Association, Clifton House, Niagara Falls, June 1st, 1921.)

The results of this meeting, presided over by Dr. Mullin, Hamilton, will be far-reaching and of lasting benefit.

The Round-table Conference was most illuminating and inspiring. The following associations were represented: Medical, Graduate Nurses' Association of Ontario, National Association of Nurse Education, Federated Women's Institutes, Dental, Electrical Engineers, Rotarians, Manufacturers, Labor Education, and United Farmers.

Each delegate, on being introduced, was greeted most cordially, and their remarks listened to with respectful attention. It was indeed an honor and a privilege to be present, as each one asserted, for we were assembled to give a most affirmative answer to the query, "Am I my Brother's Keeper?" and to negotiate as to the best methods of procedure to co-ordinate our services, so that the greatest possible good to humanity may be the ultimate result. The various organizations with their diverse duties, each having particular interests, yet all functioning for general welfare. With all, the trend is for the highest standards. In this respect the Medical and Nursing Associations must of necessity take the lead, for with us rests the care of the most sacred thing on earth, "Human Life." Reference was made to lack of proper medical and nursing service amongst people who are unprepared to pay large fees. On behalf of the nursing profession, the report of the Public Health Nurses, School Nurses, Victorian Order, and others, regarding services rendered, without remuneration from those with inadequate funds, was given; also a statement of the number of nurses in Ontario specially detailed for that purpose. An assurance was given that the graduate nurses would assist in every way possible, ready to render practical aid in coping with existing conditions.

It was proposed that similar conferences would occasionally be held, thereby perfecting what now is evidently the desire of each human heart for a greater and a better world.

To the President and members of the Graduate Nurses' Association of Ontario, the foregoing report is respectfully submitted.

AGNES M. JOSEPH,
G.N.A.O. Representative to Conference.

London, Ont., June, 1921.

Editorial

September again! Holiday time over and associations as well as individual nurses are back again ready for the work of the year. The Canadian Nurse magazine asks particularly that the needs of the journal be placed in a prominent place in the year's programme. At the Convention in Quebec each delegate was asked to carry back to her association the importance and urgency of taking a much more active part in helping both financially and with contributions than any one of them has done in the past. Three Alumnae Associations—all in Toronto—have increased their fees to include the subscription price of the magazine. If that plan is not thought to be advisable, then an active committee should be formed and the matter steadily pressed through the year. The enthusiasm shown at the convention should not be lost but be used in a practical way to improve and enlarge our own journal.

* * * *

Superintendents of training schools are again reminded that they may obtain 150 specially selected slides, illustrating Dr. Maude Abbott's History of Nursing, for the small price of $75.00 for the set. Additional slides may be obtained at forty cents each. For further information, address Dr. Maude Abbott, care of the Medical Library, McGill University, Montreal, Que.

* * * *

To see ourselves as others see us is sometimes a salutary thing if not altogether a pleasant one. The reprint from *The Nursing Mirror* "Graduating Exercises and Canadian Nurses" will surely amaze most of us Canadians who are proud of our schools and the high standards we have always kept. Such uniforms (?) as are described must certainly be quite unique and only seen in that particular school described, "for after many years knowledge of training schools in this country, the Editor is forced to confess that she has never had the opportunity that our English friend had. Surely we should have been surprised as well as our guests at dresses and aprons of organdie with skirts barely three or four inches from their knees. If the Superintendent of this school recognizes her graduating exercises in this description, it will be an opportunity of "seeing ourselves as others see us."

Student Self-Government at Christ Hospital.

Discipline is a matter of internal adjustment, spontaneous internal control, and does not properly get its significance when it is obtained by means of force or by any suppressive measures. Co-operation, to be effective, must come from within and can not be forced. Modern ideas of society stress the fact that our social organization is a co-operative function. Order cannot be said to prevail among people going in the same direction at the same pace. It does not exist when persons are constantly colliding one with another. But when all who meet or overtake one another in crowded ways take the time and pains needed to avoid collisions, the throng is orderly. At the bottom of the notion of social order lies the same idea.

Student self-government is the laboratory method of learning citizenship and self-control. To develop a feeling of individual responsibility is the ideal both of the class-room and the disciplinary side of school life. One of the objects of school is to make social beings and that means conventional men and women who can move in the existing social order with the least friction and the least external force. It has been said that no school is a good school until it governs itself. The same may be said of any individual in any society, that is, she must govern herself by the conventions of that society without friction.

Opportunities for individual participation are abundantly provided in their social activities. The pupil has the dignity and responsibilities of a citizen rather than the submissiveness and awe of perchance the indifference or rebeliousness of a subject. Standards of thinking and conduct are gradually evolved. Any form of school government which promises even a measure of improvement deserves consideration and trial.

Such a trial is being made of student self-government at Christ Hospital in Cincinnati. The object of this organization is to: (1) to control the conduct of nurses when off duty; (2) to administer the training school regulations pertaining to the Nurses' Home; (3) to install and promote the honor system in all matters pertaining to school life; (4) to control the breaking or defiance of rules and regulations. All reports of breaking or defiance of rules and regulations are made to the Student Council which acts upon them, with the privilege of consulting the Advisory Committee of the Faculty. The Student Council is a committee on self-government, consisting of the officers of the League and representatives elected from the Senior, Junior and Sophomore Classes.

All meetings are conducted in an orderly and dignified manner. "Student Handbooks" that set out in detail student activities indicate student control through "upper classmen," probationers being rather the governed.

Although our organization is quite young here, it promises to become a permanent part of our institution. With the confidence and support of the faculty and with student sentiment ready and willing to assume large responsibility for social order, the hospital training school may expect constructive results from the introduction of a carefully planned scheme of self government.

In order to succeed, the student government must conform to the following conditions:

1st. It must be in the hands of a serious-minded and law-abiding body of students.

2nd. Students must understand at the outset that self-government is of necessity limited.

3rd. The limitation of the functions of student government must be made perfectly clear.

It can control all matters pertaining to student discipline and should concern itself especially in maintaining high moral tone in the student body.

Student self-government is not a fake or a show, but a real solution of some of the difficult disciplinary problems that arise. The students have come to regard the school as their own school in a sense they had never experienced before. A feeling of personal pride and interest now attaches itself to every phase of school activity.

MARY EMILY PUTMAN,
President Student Government League.

For we must share if we would keep,
That good thing from above;
Ceasing to give, we cease to have,
Such is the law of love.

The *National Safety News* for May gives the following suggestion: "To prevent serious injuries to the eyes of men working in departments where acid is used the Griswold Manufacturing Company, of Erie, Pa., has installed in all such departments five-gallon crocks containing soda and water solution, so that any time an employee gets acid in his eyes he can plunge his face in the solution immediately and neutralize the acid. On the crocks are posted signs explaining to the men what they contain and how the solution should be used. The scheme has proved a great success."

News from The Medical World

By Elizabeth Robinson Scovil.

Free Treatment.

At Goteborg, Sweden, each person desiring free treatment at a dispensary must present a certificate that he is so poor as to be unable to pay a fee, or else he must pay two crowns for the advice he receives.

Prevention of Venereal Disease.

The British Ministry of Health has agreed that the best means to lessen venereal disease is, (1) abstention from promiscuous intercourse and a steady policy of public enlightenment; (2) disinfection immediately after exposure, if thoroughly and intelligently applied, which seems to be rare.

Cancer of the Tongue.

It is stated that in a recent investigation of 260 cases of cancer of the tongue it was found that the disease is due to long and continuous chronic irritation by tobacco, by repeated burns from smoking, by irritation, or direct wounds from rough, dirty teeth, or improperly fitted plates. There is hardly a record of a case where warning has not been given by definite local leisions appearing months and sometimes years before the development of cancer.

Thick Cereal Mixtures.

In cases of obstinate indigestion in infants, the use of a thick cereal mixture is advised by specialists. The first formula was 4 ounces from one quart of milk, 2 ounces of skimmed milk, 7 ounces of water, 3 level tablespoonsful of farina, 1 level tablespoonful of granulated sugar. The mixture was boiled half an hour and the children given 3 ounces every four hours with water alternately. When vomiting was present, the thick mixture did better than liquid food, and was always tried first with a spoon.

The second formula had 15 ounces of skimmed milk and 6 ounces of water, with other ingredients. The third was 4 ounces of top milk from one quart, 28 ounces of skimmed milk, 9 ounces of water, 4½ level tablespoonsful of farina, 1 level tablespoonful of granulated sugar, and the same of malt sugar. From 4 to 6 ounces every four hours. A rubber nipple can be used by enlarging the hole.

Care of the Baby's Nose.

A treatment that is said to be effective is to tell the mother to place

some warm boracic acid solution in a large basin and then put the baby's head down in the water. If the baby cries, lift it up head down, and it will clear the nose better than can be done with an appliance. Neglect of the nose is one cause of deafness.

The Four-Hour Feeding.

Dr. Thomas Southworth, New York, says that the four-hour nursing interval has proved helpful within limits. It is well suited to the vigorous normal infant nursing a normal mother. Premature infants require more frequent feeding. Babies who nurse two slowly or unwillingly, or who are too weak and empty the breast with difficulty, require a shorter interval, and then there are other cases in which it is advisable. Complementary feedings at the end of the nursing are sometimes necessary.

Childbirth Mortality.

An American physician states that the mortality from puerperal infection remains practically the same to-day as in 1900. The mortality from childbirth is second only to that from tuberculosis in women of reproductive age. Between 40 and 50 per cent. of these deaths is due to sepsis. Properly equipped maternity hospitals, to offer adequate opportunities for the preparation of obstetricians, is suggested as a remedy.

Care of Premature Babies.

Dr. H. V. Chapin, of New York, says that two things are of importance in the care of premature infants—the temperature of the incubator and the food. The latter is the most important. He considers breast milk indispensable. During the discussion it was stated that, when the breast milk cannot be obtained, modified milk peptonized may be used with success. A temperature of 76 degrees is best, as then the air can be kept moist.

Strabismus.

A French physician says that squinting can be corrected by training the vision in cases of divergent strabismus, and in the very mild and recent cases of the convergent type, if the child is young and intelligent and will co-operate. All other cases require operation.

Vaccination Against Typhoid.

The Academy of Medicine, Paris, has officially voted in favor of the vaccination of the general population against typhoid, especially in time of epidemics. In reporting cases of typhoid, it is to be mentioned whether the subject had been vaccinated before infection—the number of times and the method.

Nutritive Value of Yeast.

It is stated that flour containing 5 per cent. of yeast powder makes a palatable bread, much more nutritious than ordinary bread. The yeast supplements both the water soluble B and the protein content as a heat flour. Quantities in excess of those generally used in bread improves its B nutritional value.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel McKay,
Industrial Nurse,
Ontario Hydro Commission,
University Ave., Toronto.

Manitoba
Miss Elsie Wilson,
798 Grosvenor Avenue,
Winnipeg.

Saskatchewan
Miss Edna Morgan,
Normal School,
Regina.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

MISS F. EMORY,
Chairman of Section,
City Hall, Toronto, Ont.

Synopsis of Provincial Reports on Development of Public Health Nursing as read at Public Health Section, C.N.A.T.N., Quebec, P.Q., June, 1921.

That public health nursing in Canada is progressing, and that widespread interest is taken in this phase of the profession was demonstrated during the annual meeting of the C.N.A.T.N., held in Quebec in June of this year, at which an entire day was devoted to the proceedings of the Public Health Section. At this meeting reports were read from the various provinces describing public health activities, which have been in operation some time, and also the more recent developments in this branch on nursing.

Space forbids a detailed report of these most interesting papers, and in the following condensed report some details may be omitted. We have endeavored, however, to neglect none of the recently established public health activities through which an attempt is being made to teach Canadian citizens that, especially in matters relating to health, "prevention is better than cure."

Nova Scotia.

The health laws of the Province of Nova Scotia are such that responsibility for their administration devotes almost entirely upon the local authorities. As a result, a satisfactory central (provincial) organization is necessary in order to supervise and co-ordinate the work of the local board of health. For this purpose the Governor-in-Council has now authority to appoint, in addition to the Provincial Health Officer, one Inspector of Health, three Divisional Medical Health Officers, a Superintendent of Nursing Service, and such members of public health nurses as may be required. Provision has also been made for the establishment of one or more public health clinics in each county.

As qualified public health nurses were not available, a course was established at Dalhousie University in March, 1920. Two graduating classes, however, have proven sufficient to meet the demand.

Through the generosity of the Provincial Red Cross Society, $25,000 was donated to the Provincial Department of Health for the maintenance of a trained public health nurse in each county for a year for demonstration purposes. Nine counties have commenced this work; three more are starting in June, and it is hoped that shortly every county will be supplied, and that at the end of the year the counties will undertake the financial support of these nurses.

The Provincial Red Cross, during the summer of 1920, equipped and sent to the most remote parts of the Province health caravans for demonstration purposes. These caravans were staffed with expert medical, dental, and nursing services, and were a form of health advertising that did excellent work. The cities and several of the larger towns maintain their own nurses, Halifax employing a staff of four nurses. Auxiliary classes are well established and especially trained teachers employed in four schools. Nutritional and out-door classes are also held, and the sight-saving class-room is considered the best of its kind in Canada.

The work of the Massachusetts-Halifax Health Commission is known all over the continent and is a model of organization and service.

The Victorian Order of Nurses are doing splendid work throughout the cities and towns of Nova Scotia. They have a staff of about twelve nurses in Halifax, six in Sydney, two in Dartmouth, two in Truro, and one in New Glasgow, Yarmouth, Digby, and Canso.

New Brunswick.

During the past year considerable progress has been made along public health lines in New Brunswick.

In September, 1920, a most successful child welfare exhibit was held in connection with the provincial exhibit and was a means of giving instruction to fully 60,000 people. During the summer months a graduate nurse was employed by the local Red Cross Society to tour the province in the interests of that body and to bring before her audiences the policies and administration of the Provincial Department of Health.

During April last a "Health Week" was held throughout the province, and so successful was this campaign along educational lines that the following public health associations were formed:—In Fredericton, a Child Welfare Association; in Moncton, an Association for Combating Venereal Disease; in St. John, a Tuberculosis Association, this association employing two nurses to carry on their work. In St. John, as in other parts of the province, much of the public health nursing is done by the Victorian Order of Nurses. Early in the year the local branch of the V. O. N. was authorized by its central council to open a school for public health nurses in order to meet the demand of the rural districts of the province.

The course of instruction lasted from February 1st to May 31st. Graduates volunteering to serve their own province for one year will be placed by the Minister of Health in the rural districts most needing their assistance. The Red Cross Society is financing the expenses incurred by the Department of Training.

In order to combat venereal disease, the Provincial Department of Health has recently appointed three medical officers throughout the province to preside over clinics and register known cases suffering from this malady.

The Red Cross Society has recently donated $20,000 to the Provincial Department of Health for public health purposes and $3,000 for the maintenance of a nurse in the departmental office.

A summary of the nurses actively engaged in the province in public health nursing is as follows:—St. John, 14—10 Victorian Order, 2 Tuberculosis, 1 Board of Health, 1 Out-Patient General Public Hospital; Fredericton, 1; Moncton, 2; Marysville, 1; Sackville, 1. Total, 19.

Quebec.

In Quebec, throughout the province, there are between 60 or 70 Victorian Order nurses carrying on all lines of public health nursing.

The Metropolitan Life Insurance Company has 33 nurses engaged in work similar to that done by the V. O. N.

The Department of Public Health in Montreal employs 17 physicians, 34 public health nurses and 1 dentist.

Child Welfare Organizations are doing important work in the Province of Quebec. Montreal operated 36 milk stations, with an additional six located in school buildings during the summer vacation. There are also two baby camps held in public parks, with nurses and physicians in daily attendance.

In Montreal tuberculosis nursing is carried on by the Royal Edward Institute and city dispensaries, with a staff of ten visiting nurses. A great deal of tuberculosis nursing is also done by the Nuns.

Laval Hospital has opened a summer camp for children at Quebec, accommodating 100. A similar camp has been opened by the Royal Ed-

ward Institute at St. Agathe, accommodating 45 children.

The Superior Board of Health is establishing dispensaries for tuberculosis and infant mortality, each dispensary under the direction of a competent physician and public health nurse. Dispensaries will be opened this year at Riviere-du-Loup and St. Hyacinthe.

At Thetford Mines a Maternity Centre was begun last March, where clinics are held under the title "School for Mothers." This work is under the supervision of a trained nurse with a staff of two nurses.

During the year the Child Welfare Association organized a "Health Drive," when ten localities were visited in the eastern townships by a group composed of one doctor, three public health nurses, and a social worker. As far as can be ascertained, hospital social service in Quebec is carried on in Montreal only, a number of the prominent hospitals employing nine graduate nurses and five social workers.

The Canadian National Committee of Mental Hygiene employs two nurses. The Soldiers' Civil Re-establishment Medical Social Service employs three workers, all trained nurses.

All social service work in connection with Roman Catholic hospitals is done by Nuns.

Twenty-six nurses in all are employed in industries. The Women's Directory has recently added a nurse to their staff, who has just completed her course in the School for Graduate Nurses established by McGill University. The establishment of this University course for nurses opened September, 1920, by McGill University, marks an epoch not only for the Province of Quebec, but for the whole of the nursing profession.

Public health nursing in the province, being a comparatively new development, lacks organization, but its future is assured.

Ontario.

Among the developments of public health activities in Ontario, it is interesting to note the success that is attending the demonstration plan carried on by the Provincial Department of Health. The Provincial Society of the Red Cross is paying the salaries and expenses of eight public health nurses for one year. These nurses are controlled and supervised by the Provincial Department of Health. It was hoped thereby that municipalities would realize the benefit of such a nurse in their community, and, as a result, appoint one of their own. The hope was not misplaced, and to date seventeen municipalities have definitely decided on having their own public health nurse.

Another innovation introduced by the Provincial Health Department is a motor tour being made by a pediatrician and public health nurse through the province and known as "The Child Welfare Special." Clinics are held at different points, and the plan is meeting with great success.

The school health division of the Provincial Department of Educa-

tion, last January, appointed a chief school medical officer. This division has in the field 7 doctors, 7 public health nurses engaged in survey work in the schools of the province, and five other nurses doing demonstration school nursing. Success has attended these efforts, and 11 municipalities have appointed school nurses.

The three Provincial Health Organizations interested in public health nursing—the Department of Health, the Department of Education, and the Red Cross—have encouraged the development of local health activities, and public health nurses are being employed in increasing numbers by private and public agencies, but a complete census is not available.

The most encouraging feature of the situation in Ontario is the effort being made to advance the standard of nurse education.

Two short courses were provided during the summer of 1920, one under the Department of Education for nurses engaged in school work, and a three-months' course under the joint auspices of the Department of Health and the Provincial Red Cross.

The University of Toronto established in September a Department of Public Health Nursing, financed by the Ontario Division of the Red Cross. Fifty nurses were enrolled, 47 of whom received diplomas at the graduation exercises held in May.

Manitoba.

In Manitoba the Provincial Board of Health employs 43 trained nurses for public health purposes throughout the province. This department co-operates with many social and government bodies, particularly in the interest of child welfare. Five new child welfare stations have been opened in the past year, making a total of seven now in operation.

In June, 1920, an agreement was made with the Manitoba branch of the Canadian Red Cross Society whereby three nurses of the Provincial Board of Health would be stationed in unorganized or isolated districts, these nurses to be controlled and supervised by officials of the Provincial Board of Health.

The Red Cross Society provides the furnishings of the cottage or rooms where the nurse is stationed, also salary, equipment, and nurses' expenses. The nurses' residence includes a hospital ward, which is also used as a health centre. The districts decided upon were Kinosota, Reynolds and Fisher branch. The activities of these centres are too many to enumerate rendering their services to the community of inestimable value.

In Winnipeg, school inspection is carried on by a staff of 12 nurses under the Winnipeg School Board.

District nursing is done by two organizations, one, the Margaret Scott Nursing Mission, with a staff of five graduate nurses, two pupil nurses from the Winnipeg General Hospital, and one service sister who is not a nurse, but who goes into the homes and assists when needed

with housekeeping problems; the other, the Victorian Order of Nurses, who maintain a staff of thirteen. These nurses, in addition to routine public health nursing, have started "Mother Craft Classes" and Mothers' Clubs, which are helping to meet the need for more pre-natal instruction.

The Department of Health in Winnipeg employs four nurses for tuberculosis nursing and clinics. This department also controls the bureau of "Child Hygiene," which employs thirteen nurses. Hospital Social Service employs four nurses. During the past year a pre-natal clinic has been established in connection with the Out-Patient Department of the Winnipeg General Hospital.

Nutritional clinics have also been started and have been wonderfully successful.

Other nurses engaged in public health nursing in the city are the nurses attacked to the Department of Soldiers' Civil Re-establishment and the nurses doing industrial nursing who are employed by private organizations to render first aid and carry on health promotion among the employees.

Alberta.

In Alberta, public health nursing service was inaugurated in 1918, when four nurses were trained, equipped and sent out to various parts of the province.

This staff has now grown to twenty-one. It is of interest to note that not only are these nurses registered in their own province and graduates of recognized training schools, but they are also graduates of the course in public health nursing given by the University of Alberta or of a similar course in a recognized university.

These nurses perform the well-known duties of a public health nurse, such as school inspection, child welfare nursing, maternity nursing, tuberculosis nursing and venereal disease nursing. It must be remembered, however, that this work is being carried on in sparsely settled communities, where work is more difficult. Special instruction in maternity work is given the nurses rendering such service, as they are often established in a territory with no doctors. The hardships and uncertainty of life on the frontier make a vastly different life for these nurses than is lived by the public health nurse in a more settled country, but the very difficulties and dangers of the country render the nurses' services more valuable, especially in reducing the percentage of infant mortality.

With such a well laid foundation and with evidence of so much enthusiasm and energy, Alberta's campaign for public health gives promise of real success.

Prince Edward Island.

As yet Prince Edward Island has very little to report.

No organized public health nursing has been done on the Island

till the Provincial Red Cross Society made arrangements for a nurse to commence educational and demonstrative work in February, 1921.

It was thought advisable to start the practical demonstration in the schools, as in this way the nurse in her follow-up work would find the readiest method of introduction into the homes.

So far seventeen public meetings have been held in the larger towns with the object of educating the communities to the value of child welfare and general public health work.

Up to date 875 school children have been thoroughly examined, and, by the end of June, two more schools will have finished, bringing the total up to 1744 for the three counties.

In addition to the class-room talks on "Health Habits," each child, after having been weighed and measured, had his habits checked up on his record card and was advised according to his special needs. By the time this was finished the children, instead of being frightened, as many of them were at first, were keen for the last part of the work—medical inspection.

So far each local doctor has "done his bit" by helping with the physical examinations, and several who were sceptical at first became most enthusiastic before they had finished.

In every case the child has had his upper clothing removed, and as yet no complaints have come from the parents. The mothers were always encouraged to be present during the final examination, and in one school of 88 pupils 21 mothers attended.

Of the 875 already examined, over 90 per cent. have been found to have one or more defect. In addition to the defect-slip having been sent to the parents, a considerable number of homes have been visited, especially in the towns where the nurse was not likely to return for some time. While making the visits, the nurse has been able to give advice to the mothers of infants and young children, and also to expectant mothers.

By the end of June, it is hoped that one or more infant welfare clinics will have been opened and, during the summer, a great number of babies visited in their homes.

One volunteer nurse has been helping with the weighing and measuring of the school children, and a second public health nurse has just been taken on the staff.

A moving picture machine has lately been received, which will help a great deal in the work.

British Columbia.

The Provincial Division of Red Cross have undertaken to train and maintain nurses for public health work in rural districts in British Columbia, such nurses to be known as Red Cross Public Health Nurses. There are now ten centers established. Another very material assistance was given to public health work when the Provincial Division undertook

to assist in establishing and maintaining a Red Cross chair of public health in the University of British Columbia. This is to be financed for three years by the British Columbia Division of Red Cross. The first course started in November, 1920, with twenty-six graduate nurses. The course was an intensive one of six weeks with field work taken with the Victorian Order, School Nurses, Child Welfare, Social Service, etc.

The extension work has been along the line of child welfare work. A council was held on May 6th, when the project was launched. They intend to devote their energy to one particular phase of this work, mainly pre-natal work. Cards will shortly be sent out to expectant mothers and efforts made to have the legalization of expectant mothers, in order that they may receive proper information which will safeguard both them and their children. Questionnaires as to home life will also be sent to the various communities on the Island. The majority of the districts will carry on the child welfare work through organizations already existing.

The school nursing work on the Island has extended slightly. There is now a part time nurse at Oak Bay and a nurse in Esquimalt schools. There are three Victorian Order nurses in Victoria.

School nurses' work is much the same as last year, although some advance has been made in caring for the under-nourished child, and, through co-operation of some of the women's organizations of the city, milk has been given them in thirteen of our schools. We hope for further extension in the near future and to have nutrition classes established.

Child Welfare Department has now three nurses. During the year pre-history cards have come into use whereby the child of five years is examined by the nurse and all children's diseases, previous illnesses or operations are noted. If any physical defects are detected, advice is given to consult the family physician, or to attend the out-door clinic at the General Hospital and have defects corrected before starting to school. Cards are then transferred to the School Medical Department. Talks and demonstrations are given twice weekly by the nurse in charge to mothers on the care of infants. Practical instruction was given during the four months to the nurses taking the public health course in the University of British Columbia. Slips are sent in from the Victorian Order, recording all births attended by the Order, and all pre-school age cases who are discharged from the Vancouver General Hospital are sent in by the Social Service Department.

The work of the Victorian Order has materially increased during the past year in all its various branches. Toward the end of the year 1920 a Well Baby Clinic was organized at South Vancouver. This clinic is held every Wednesday afternoon. As well as the nurses, there is a medical specialist in attendance. The babies are weighed, measured and examined. The mothers are advised as to feeding their babies and as to clothing. If sick babies are brought to the clinic, they are referred to their own family physician. The attendance at the clinic is very satis-

factory, there being an average of thirty each week and about eight new ones each clinic day. The nurses carry on extensive follow-up work to these babies in their own homes.

During the past year we have started an extensive pre-natal system. As nearly as possible, every expectant mother on our list is visited twice each month and advised as to rest, exercise, food and clothing for herself, and as to cot and layette for her babe. We particularly urge every expectant mother to see her physician as early in pregnancy as possible.

We are hoping to organize a pre-natal clinic as soon as funds are available for the purpose, where there will be a physician in attendance; where the patient can be thoroughly examined and frequent urinalysis made; also where health talks can be given to the mothers. We realize that much can be done towards raising the standard of health by close attention to the expectant mother.

During 1920 the Victorian Order gave a course in Public Health Nursing to twenty students. Some of these nurses have remained on the staff, others have taken Red Cross districts, while others have returned to the United States to take up public health work in their own country.

Last November, when the short course in Public Health Nursing commenced, eight students went from the Victorian Order. They are very proud of the fact that one of their nurses won the first prize of $100.00, which was granted by the Red Cross, and another won the second prize of $60.00 given by the Provincial Department of Health. All these eight nurses, since graduation, have been placed in public health districts, and are making a great success of the work they have undertaken.

Work has gone on as reported last year in the Social Service Department of the General Hospital, Mothers' Pension and S.C.R., each co-operating with other public health organizations and each with plans for greater work when funds can be procured.

M. McKAY,
Secretary Public Health Nurses' Section.

Miss Anna M. Oram (T.G.H), who took a year's course in public health nursing at the University of Toronto, is doing child welfare work in Welland, Ont. Her address is P.O. Box 1561, Welland, Ont.

Only one day at a time. There may never be a to-morrow,
Only one day at a time and that we can live, we know.
The trouble we cannot bear is only the trouble we borrow,
And the troubles that never come are the ones that fret us so.

—*Anonymous.*

C. A. M. C. Nursing Service Department.

Concerning "Our First Glimpse of the Stars and Stripes in France."
With Laval University Unit, Troyes, October, 1917.

By Nursing Sister M. Jessie Leitch.
(St. Paul Dispatch, St. Paul, Minn.

In the old French city, twilight deepened swiftly along the boulevard, blotches of orange light blurred through the rain. Across the street a Flemish woman bent over a charcoal brazier—the half-burnt odor of roasting chestnuts filled the air. A little child in a black smock and sabots pulled her shawl over her head and clutched her mother's skirt as we approached. She was a little child with a thin, white face and wistful eyes. So we stopped and bought some chestnuts for a few centimes, then walked on, warming our fingers on the little paper sack. Raindrops spattered on the cobblestones, ran in little rivers down the flaring yellow street lamps.

A trim grey car drew up beside the fountain across the square, and our hearts jumped suddenly at the sight of the Stars and Stripes fluttering from the engine, instead of the familiar tri-color of France.

Several American officers alighted. Eagerly, we watched them—the first English speaking men we had seen for months. The door of the little Belgium cake shop banged loudly as they entered. Eagerly, we followed, for the little shop was also our destination. When we appeared they were all talking at once to the little French girl behind the counter. She was shrugging her shoulders regretfully—politely helpless. Their French was rather impossible, and we smiled, but not without sympathy. "You are Americans?" we said, advancing with wartime friendliness. Amazed, they stared. "And you are English?" they said eagerly.

"Canadians, and we haven't seen a man who spoke English since last spring," we exclaimed, beginning to shake hands all around.

Then we told them that the little shop was a favourite haunt of ours. It was famous for its chocolate, and the little cakes called "Madelins."

"We've driven countless kilos, and are starved," said a youth from Boston, who looked like one of Charles Dana's own. "Where do we eat?"

"Here, if you will. Shall we order?" And so it was that three American officers and two rain-soaked Canadian nurses met on grounds of instant good fellowship—somewhere in France.

As we seated ourselves in the little parlor behind the shop, we reminded our new-found friends that it was meatless day, also that there were many restrictions, even in this little town of "Northern France."

"Personally, I'd like a planked steak and toast and coffee and mushrooms and hashed brown"—began the man from Tennessee, as he slipped off his wet coat and stretched his long limbs before the fire.

We all laughed—even Madamoiselle, who couldn't possibly understand. But, when the crisp, crescent rolls arrived with bowels of thick, sweet chocolate, upon which the cream floated in little islands, our hungry friends were visibly cheered. The little "Madeline" cakes of pounded almond meal, and sugar, were very delicious, and not at all like war-time cakes.

As we talked, we promised our Americans a typical French dinner at one of the houses out along the canal, and a few nights later we made a merry party on the road to St. Julien.

Over our chocolate these men told us of their camp, ten kilos to the north. This was their first visit to our town, and they were simply scouting for provisions and supplies. To-morrow their transports would come over, if they had luck in purchasing to-night. Being railroad men, their's was part of the gigantic task of sending reinforcements to the Italian front. We knew that for a week or more twenty-four troop trains daily had passed through onw town—one every hour. Down at the station we had helped at the French canteen, serving bread and coffee to the men when the trains stopped. We knew, too, that these noisy, cheering men in khaki were going eagerly to the new front—glad to exchange the autumn rains of France for blue skies and Italian sunshine. We had seen them crowded into box cars, with loose straw on the floor, reading ancient copies of "The Saturday Evening Post," and howling cheerfully "Where do we go from here?" And we had gloried in their unconquered spirit as the trains came and went with their freight of fighting men and mules, transport wagons, clay-caked guns carelessly covered with canvas, the while cheery troops crowded the doorways laughing and singing as only soldiers can.

The all-important question, however, was "Where can we get a bath?" It was a familiar question among overseas people when they met in France.

So we told them of the "Bains Museum," the quaint public bath-house beside the canal, where one waited one's turn sitting on the grass

under the apricot trees, or wandering about the wonderful old world garden, buying pots of heliotrope and musk, feeding the swans that floated on rock-rimmed lily ponds, or, on days like this, just watching the rain drip off the eaves of the long, low verandah. The French are a thrifty race, ever ready to sell their fruit and flowers, and many a franc they earn in their gardens. We wondered if the baths would appeal to these men of America, as they did to us. When part of one's life has been spent where bathing is one of life's trivial rounds, it is difficult, even amusing, to reconstruct one's ideas and regard a bath as an unwonted luxury, for which one pays by purchasing the privilege of towels, of soap, and water.

Meantime, the rain pattered against the leaded panes of the little shop, and eagerly we pointed out the quaint old treasures in the little parlor. They were familiar to us, but we longed to exploit our knowledge, I suppose. The firelight flashed on the old oak beams of the low ceiling, glinted on the old spinning wheel from Normandy. The lace cushion with its maze of bobbins and half-finished web of filminess, the old brass candlesticks, the thin blue china Madamoiselle's mother had brought away from Alsace Loraine, years before, all came in for their share of attention. Then Madamoiselle entered to light the candles, and, as a pretty compliment to our new Allies, she placed upon our table a homemade bayberry candle, remembering that the legend of the bayberry is one of kindness and good will—of friendliness. We fell silent as its gentle fragrance filled the air, and thoughtfully we watched its clear, unwavering beam. One of the things we particularly admired about the French was their readiness to pay pretty, graceful compliments to the men of America. The coming of the Stars and Stripes was a festival of welcome in France. Old and young vied with each other in expressions of joy, and it was no secret in our town that, after the landing of the first American troops, a certain merchant quietly removed the sign "We speak English here" from his window and substituted "American spoken here," in the stray hope of Americans one day arriving in our streets. And now they had come.

At length, with much ceremony, de departed; amid many charming little attentions and much French "politesse," Madamoiselle attempted to help the Gibson man into his greatcoat, but, with the true spirit of young America, he objected strenuously.

Then the mother of Madamoiselle appeared to add her "Au'voir Monsieur, Merci Au-voir Madame, Merci," to that of her daughter—as they bowed us out. These friendly folk always made us feel, with their farewells, that they sped the parting guest, rather than the customer, despite the clink of silver in the till.

We drove home in the grey car to the old Chateau where we were billeted, promising to meet again. We shook hands all around, directing our new friends to the "Bains Museum," for they were indeed travel-

stained and weary. And, as we rang the bell at the high iron gate, home seemed suddenly less far away, although the dripping jasmine and clematis flowers that tangled along the wall above our heads were very much of France, and eagerly we rushed in to tell the news of the big American camp a few kilometres distant. And what a whirl of excitement swept the mess when we realized that we were no longer alone "Over There!"

A report of the joint convention of the Canadian Association of Nurse Education and the Canadian National Association of Trained Nurses has appeared elsewhere in this journal. The decision to have the Canadian nurses' memorial take the form of a monument at Ottawa will be welcomed by all. The following members of the C.A.M.C. were in attendance at the convention:

Matrons-in-Chief E. C. Rayside, M.H.S., M.R.R.C.; M. C. Macdonald; Matrons K. O. McLatchey, M.R.R.C.; L. C. Shaw, M.R.R.C.; B. J. Willoughby, M.B.E., M.R.R.C.; V. A. Tremaine, M.R.R.C.; S. W. Young, M.R.R.C.; J. Urquhart, M.R.R.C.; and E. B. Ross, M.R.R.C.

Nursing Sisters D. M. Binning, M. Brankin, L. M. Carter, A. M. Cooper, M. M. Dionne, C. Ferguson, Mrs. J. Fraser, A.R.R.C. (nee Nursing Sister G. McCullough); C. M. Graham, B. Lavallee, Mrs. Mahon, A.R.R.C. (nee Nursing Sister W. M. Byrne); J. MacIlroy, M. MacKenzie, A. MacNichol, A.R.R.C.; E. MacPhedran, I. J. Neilly, K. M. Panton, A.R.R.C.; S. Payne, Mrs. PoPulton (nee Nursing Sister M. MacDermott); L. A. Savard, E. J. Wilson.

Accompanied by a cousin, Matron-in-Chief Rayside, M.H.S., M.R.R.C., sailed for Liverpool by the S.S. Victorian, on June 24th. Their itinerary includes the cathedral towns and other points of interest in England, the highlands of Scotland and the lowlands of France. In France, Miss Rayside will review the battlefields, Paris, and the scene of former hospital glories. It is hoped her past war impressions will be duly recorded in these columns. Although primarily on holiday bent, Miss Rayside, with characteristic eagerness for further knowledge, purposes to acquaint herself with instructional methods as applied in the leading hospital training schools of London.

Whilst visiting in Ottawa recently, Matron K. O. MacLatchy, M.R.R.C., was the guest of her uncle, Sir Robert Borden, for a week. Later, in Montreal, Matron MacLatchy was the raison d'etre of several dinners and tea parties. Of the last, the most delightful was that given at the Mount Royal Club by Brigadier General H. S. Birkett, C.M.G., and Colonel J. M. Elder, C.M.G. This was in the nature of a re-union of the staff of No. 3 Canadian General Hospital, McGill, and was thoroughly enjoyed by all.

The marriage of Nursing Sister Edith Hegan, M.R.R.C., to Mr.

Basil Steed, took place at St. John, N.B., early in June. After the honeymoon, Mr. and Mrs. Steed will reside in Ottawa, where Mr. Steed holds an important position in Molson's Bank. Mrs. Steed was the recipient of innumerable cheques and other gifts of value.

An engagement of wide interest is that of Principal Matron Ethel Boultbee, A.R.R.C. Her fiance, Captain Jack Rose, of Vancouver, has also a distinguished record of Service; attached to an Infantry Battalion, he saw service in France and was prisoner of war in Germany for a time. He is a brother of Mrs. W. G. McIntosh, A.R.R.C. (nee Nursing Sister "Peggy" Rose). Thus will the Damon and Pythias fidelity of Nursing Sisters Boultbee and Rose become cemented by actual affinity.

Nursing Sister Helen Stewart has resigned her appointment at Deer Lodge Hospital, S.C.R., Winnipeg, Man.

Nursing Sister Nellie Chisholm has been taken on the staff of the above-named hospital.

Nursing Sister E. H. Humble is engaged in private duty nursing in Boston. Sister Humble went overseas with the Harvard Unit and subsequently joined the C.A.M.C.

Nursing Sister M. D. Ellis has an appointment with the Social Service Department, Lakeside Hospital, Cleveland, Ohio.

In the finals of the Public Health Course, Toronto University, two nursing sisters led in honors.

Nursing Sister L. Holland, A.R.R.C., has resigned her appointment in the Social Service Department, Montreal General Hospital, to take an important position at the Canadian Red Cross Headquarters, Toronto, Ontario.

Under distinguished patronage, a special gala performance of Biff! Bing! Bang! was presented by the Dumbells at the Ambassador Theatre, New York, on the evening of June 17th. It was given in aid of the British G.W.V.A. of America, New York Command. In the audience was noted Matron E. M. Wilson, M.R.R.C.; Nursing Sisters F. Kelly, A.R.R.C., and I. McB. Muir, A.R.R.C.

That it may serve as a source of further inspiration to all, and more especially to those who are still "carrying on," the following appealing tribute is published. It was written to Nursing Sister B. L. B. by a French Canadian patient—a man with a wife and nine children. His letter conveys a reverence of sentiment that is unmistakeable and betrays an intelligence of the heart that as surely surmounts that of the mind:

"Sistare:

"It is alwas my greatest plaisir to drop you a few words. I am still alive but my brett is not very good to-day. I was auperate again and I had a toffe time to get troo. Sistere I must tell you

the trute, I love you becaus you was like a mother to his child, you are alwas at my best thought and you will be at the last next to God."

from a sencer frend."

Among the passengers who disembarked from the SS. Minnedosa on the 26th instant was Matron-in-Chief E. C. Rayside, M.B.E.S., M.R. B.C. Whilst enthusing on the beautiy of Highland scenery and that of the Continent, Miss Rayside maintains that to her mind nothing is fairer than the voyage up our own St. Lawrence.

After spending the winter in California, Mr. and Mrs. C. A. Nolan (nee Nursing Sister C. M. Lister) have returned to their ranch at Redland, Alberta.

The marriage of Nursing Sister Ida Rose Kuntz to Mr. John Franklin Roche took place at St. Michael's Cathedral, Toronto, August 4th, 1921.

Captain and Mrs. John Gale (nee Nursing Sister Gertrude De Cow) are receiving congratulations on the birth of a daughter—Phyllis MacGregor Gale.

Nursing Sister S. M. Carr-Harris, A.R.R.C., Provincial Health Nurse, Ontario, is now in Fort William.

Nursing Sister M. Bagshaw, Provincial Health Nurse, is on extended leave owing to the serious illness of her mother.

Nursing Sisters Rose Hally, L. Whitworth, M. Riddle, A. L. Campbell and Marjorie Heeley, are also with the Ontario Health Department.

Nursing Sister M. E. Owen has been appointed Public Health Nurse for the town of Orillia.

Nursing Sister Agnes Forbes is Public Health Nurse at Niagara Falls, Ontario.

Nursing Sister Ann Cameron is Public Health Nurse at St. Thomas, Ontario.

Nursing Sister L. A. Gamble, A.R.R.C., and Nursing Sister Alison Dickison, M.R.R.C., have joined the Toronto Health Department.

Nursing Sister F. Conlin and Mary Darling have returned to Toronto from Los Angeles.

Nursing Sister M. McEvoy and E. F. Bradley are in San Francisco, after spending the winter in Los Angeles and Honolulu.

Nursing Sisters M. McCort, A.R.R.C., E Fraser and D. Dean, have institutional positions in a Los Angeles hospital.

Nursing Sister A. Field is on the staff of Brant Hospital, Burlington.

Nursing Sister E. McEachren, A.R.R.C., left Toronto to take charge of the operating room, Royal Alexandra Hospital, Edmonton, Alberta.

Nursing Sister S. M. Driver has entered the field of industrial nursing. She is in charge of the welfare work at Harris Abattoir, West Toronto. Nursing Sister B. Gibbons is her assistant.

Nursing Sister M. Richardson, A.R.R.C., is with the Wm. Davies Co., Toronto.

Nursing Sister Mary Craig was married in June to Mr. Cyril Waite. They are living in North Toronto.

Nursing Sister Maud Wilkinson, A.R.R.C., has completed the social service course, Toronto University, graduating in May. Miss Wilkinson is in charge of the Social Service Department, D.S.C.R., "D" Unit. Staff members are:—Nursing Sisters M. Townsend, F. Chartris, M. Doherty, I. Jennings, Oda Weldon, J. M. Cowan, D. Robertson, M Burgess, M. Kingstone, and C. Gardiner.

Nursing Sister Jean Milne is resident nurse at the Andrew Mercer Reformatory.

Nursing Sister Edna L. Moore, of the Provincial Health Department, Toronto, was recently deputed to visit Ottawa in the interest of health centres.

The Victorian Order of Nurses for Canada offers scholarships of $400.00 each to graduate nurses who wish to avail themselves of a post-graduate course in public health nursing at the Universities of Vancouver, B.C.; Toronto and London, Ontario; McGill, Montreal; and Dalhousie, Halifax.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course at prevailing salaries.

Application for scholarships must be made at the earliest date to the Chief Superintendent, 104 Sparks Street, Room 4, Ottawa; Miss Ethel Brown, 1250 Broadway, West, Vancouver, B.C.; or to Miss E. Ada Luxon, 344 Gottingen Street, Halifax, N.S.

Prospectus for universities courses may be had upon application to the universities.

The World's Pulse

By Elizabeth Robinson Scovil.

Teeth in New Zealand.

The teeth of children attending state schools in New Zealand are cared for by the government. Fifty qualified women dentists look after them for an hour and a-half each day. Special nurses are being trained for the work and to further the cause of dental hygiene.

Photographing Through Walls.

It is said that human bones and other objects have been photographed at 250 feet, with a brick and stone wall between the X-Ray apparatus and the object. There was a four-hour exposure. In 1896 it required eight hours' exposure to photograph, with the plate only ten inches distant.

The Extent of London.

Greater London contains 7,262,963 persons. London proper, the county, has a population of 4,522,962.

A Nation's Gift.

Earl Haig has received from the British people the gift of the historic estate and mansion of Bemersyde, near Melrose, on the banks of the Tweed. It has been the seat of the Haig family for 800 years. Earl Haig has recently been ordained an elder in the Presbyterian church.

A Voyage of Discovery.

Sir Ernest Shackelton is to start about the last of August on a 30,000 mile voyage of discovery among the little known islands of the Atlantic and Pacific and the uncharted seas of the south pole. He is to be accompanied by a small company of picked men, some of whom sailed with him on his former famous expedition.

The Chinese.

Col. Robert Loraine, the famous actor and airman, says that the Chinese are the gentlemen of the world. The average Chinaman is a gentle, kindly creature, a man of rare intelligence and charming personality. He discovered in China an actor, an impersonator of female parts, who far surpassed any similar impersonator whom he had known.

Airships by Night.

Airships are taking lessons in night flying from the bat. This creature, when flying, emits a continuous low note, which rebounds from any obstacle across its path, giving warning of danger. Instruments are being devised so sensitive that they will record visibly, before the airman's eyes, the progressive increase of sound, as the ground or any other obstacle approaches. Sound travels 12 or 14 times faster than the swiftest airplane, so the warning would be in time to be of use.

Women Rhodes Scholars.

St. Hilda's Hall, Oxford, wishes to reserve rooms for women from the Dominions, so that they may share in the advantages enjoyed by Rhodes scholars. An appeal is being made for the money needed.

Washington in England.

A statue of George Washington, presented to England by the State of Virginia, has been unveiled in Trafalgar Square, London. It is a replica of the statue in the State Capitol, at Richmond, Virginia.

Treatment of Cancer.

The authorities of the West End Hospital, London, state that cancer is being successfully treated in that institution by means of an improved application of X-Rays. The rays are of a wave-length outside the range of human vision. The highly complete electrical apparatus used was invented by a Bavarian radiologist. It has been carefully tested by experts. The treatment does not injure the patient in the slightest degree, and specialists believe that extraordinary results will be attained in the way of cures.

The Cunard S S. Company.

The Cunard Company, the first to begin regular steamship communication between America and England, had then, in 1840, a fleet of four vessels with a total tonnage of 4600 tons. It now has 169 vessels, totalling over a million tons, and serving the chief ports of the world. It has the largest ship afloat, the Berengaris, 51,000 tons: the Mauretania, 31,000 tons, holding the Atlantic speed record, and the Aquitania, now an oil-burning vessel, which has carried a greater number of passengers than any other ship.

The Cross at Vimy Ridge.

Arthur Meighen, Premier of Canada, unveiled the plain war cross erected on the height of Vimy Ridge to the memory of the Canadians who lie there. Fields of growing wheat cover the spot where the Canadians

stormed the crest of the ridge on April 9th, 1917. The children of Arras brought a wreath of red roses and evergreens, the base of the cross being a mass of flowers. Maples shade the graves, brought there that our dead may lie in the shade of the trees of their land.

THE NEED OF WORK.

American Cookery denominates the following "Sound but unpopular Doctrine."

"One of the most discouraging phases of the present tangle of industrial conditions is the ignoring of the fact that any wage that keeps up with the rising cost of living is an unfair wage. It seems to be generally assumed that to justify any demanded increase in wages it need only be shown that such an increase is necessary to maintain a pre-war standard of comfort.

"The years of the war devoted to destruction have dangerously exhausted the common fund upon which we all depend. It is not possible for all to enjoy the normal standard of living. Those who succeed in doing so succeed at the expense of the rest of the community. The selfish determination on the part of many to avoid their share of the common burden imposed upon all by the waste of our resources is the cause of the present economic unrest. . . . We have only to go on as we are going to commit industrial suicide.

"What a pity, when only a little common sense, a little mutual consideration, a little more work on the part of each one, would at once lead us out of this wilderness of folly."

As the London Spectator says: "What is the cause of the dangers that surround us? The lack of production, production, production and again production. This is the need of the hour."—*The News Letter.*

Hospitals and Nurses

MANITOBA

ST. BONIFACE HOSPITAL.

This hospital celebrated its 50th anniversary on August 24th by a special programme, not the least part of which was the reception given to the graduate nurses of the institution. Many of the Alumnae were present in the beautifully decorated rooms to testify to the high regard in which they hold their Alma Mater and the expressed hopes that even greater success may attend the future of the hospital.

Misses A. C. Starr, H. McColm and L. Tracy have returned from a visit to the east.

* * * *

SASKATCHEWAN

Miss Jean E. Browne returned recently from a most interesting year spent at King's College for Women, London. Members in attendance at the C.N.A.T.N. convention were most interested in the account given by Miss Browne of public health work, and nursing conditions in general in England and France.

It is with great regret that we announce the resignation of Miss M. J Fraser, as Superintendent of Nurses in the Regina General Hospital. After a short vacation, Miss Fraser went to take charge of the Wesley Hospital, Wichita, Kansas. The good wishes of her many friends in Saskatchewan follow Miss Fraser to her new home.

It is announced by the Board of Trustees of the Regina General Hospital that Miss Margaret B. Garrow (Auburn City Hospital, 1908), whose home is in Cobalt, Ontario, is expected shortly to take charge of the training school.

The resignation of Miss Gertrude Haines (Chatham General, 1912), from her position as Matron of the Lampman Hospital has caused very great regret in the community. Miss Haines has been in charge since the opening of their new hospital, and had very much endeared herself to all the people of the district.

Miss E. M. Turner (Winnipeg General, 1908) has recently com-

menced her duties as Lady Superintendent of the Saskatoon City Hospital. Miss Turner is well known to Saskatchewan nurses, having been for a number of years Superintendent of Nurses of the Regina General Hospital. Her many friends wish her every success.

Miss Lily Gray (Montreal General) has recently accepted a position on the nursing staff of the Saskatchewan Sanitarium.

Word has recently been received at the Sanitarium of the marriage at Durban, South Africa, of Miss Minnie L. Mitchell to Charles Edward Johnstone, Zululand. Miss Mitchell, who is a graduate of the Carman Hospital, Manitoba, was recently of the nursing staff of the Sanitarium, and her many friends there wish her every happiness.

Miss Auld (Weyburn Municipal Hospital) has recently taken charge of the Rosetown Municipal Hospital; and Miss M. L. Bullerwell (Malden City Hospital) has taken charge of the Scott Municipal Hospital. Most splendid work for the people of the prairies is being done through the municipal hospitals of Saskatchewan, and the nursing profession is justly proud of the women who are doing their share in bringing the needed care and health to our people.

Miss Dorothy A. Harris (Saskatoon City Hospital, 1918), has recently left Saskatoon for Yuma, Arizona.

Miss Isabel Stewart, Supervisor of the Saskatchewan Red Cross outposts, is at present opening a new outpost at the Prairie River soldiers' settlement. This is the second outpost to be opened by the Red Cross in the newly settled parts of the province.

* * * *

BRITISH COLUMBIA

A general meeting of the G.N.A. of B.C. was held September 10th, in the nurses' residence, Royal Jubilee Hospital, Victoria, preceded by a meeting of the Executive Council. The President, Miss Elizabeth Breeze, R.N., was in the chair. Matters of importance, such as reports of the convention in Quebec, given by Miss Breeze; reports on the closing of the club house, and progress of the plan to employ a travelling instructor were presented. The scholarship committee reported that they were ready to present names to be voted on by ballot to decide who should have the honor of obtaining the $1000.00 given by the Association. The vote was then taken, and Miss Mary Campbell, R.N., of the school nursing staff, of Vancouver, was declared to have the largest number of votes.

The needs of the Canadian Nurse magazine were presented by the President, who said that, following the resolution of the annual meeting

of the association, the question of increasing the annual fee to cover the cost of subscription to the magazine be brought up. After considerable discussion, it was resolved that ballots be sent to each member before the next general meeting and the decision would rest on the result of this.

Miss A. McLellan was re-appointed Convener of the Public Health Nursing Committee.

It was decided that $1000.00 from proceeds of the sale of the furnishings of the club house be held in trust for the national memorial fund of the C.N.A.T.N.

The resignation of Miss Josette Tolmie was regretfully received by the association, and letters of regret ordered to be sent to her.

After the adjournment of the meeting, refreshments were served by the Victoria G.N.A., and a delightful social hour followed.

The next examination for registered nurses in British Columbia will take place November 2nd and 3rd, 1921. Particulars to be obtained from the Registrar, 125 Vancouver Block. Applications must be in before October 2nd.

* * * *

Miss Florence Eaman, R.N., graduate of the Vancouver General Hospital, has accepted a position on the staff of the Kootenay Lake General Hospital, Nelson.

Miss Barrington, Superintendent of the Infants' Hospital, Halifax, passed through Vancouver on an extended holiday.

Miss Mary Ewart, R.N., has been appointed School Nurse for Point Grey, B.C.

Miss E. Kinney, who has been dietitian at the Vancouver General Hospital, has resigned her position and is attempting a new departure for Vancouver. She is opening the field as visiting dietitian, arranging the diets for patients who are not in hospital and planning them according to the prescriptions from physician in charge of the case.

BIRTHS

CAMPBELL—At the Vancouver General Hospital, Sunday, August 14th, 1921, to Dr. and Mrs. Glen Campbell (Kathleen Davis, V.G.H.), a daughter.

STEAD—At the Misericordia Hospital, Winnipeg, Man., August 18th, 1921, to Mr. and Mrs. George Stead (Miss Hofstrand, St. Boniface Hospital), a daughter.

DIXON—At Maple Creek, Sask., on August 26th, 1921, to Mr. and Mrs. A. L. Dixon (Miss Elizabeth G. Brockie, Grace Hospital, Toronto, 1909), a son.

MARRIAGES

MITCHELL-JOHNSTONE—At Durban, South Africa, on the 19th day of April, 1921, by the Rev. B. Evans, B.A., Charles Edward Johnstone, Zululand, to Minnie Lawrence Mitchell, Cullen, Scotland. Miss Mitchell is a graduate of the Carman Hospital, Carman, Manitoba.

ROBINSON-CALDER—On June 29th, 1921, at Beaverton, Ont., Ann McMillan Calder (Grace Hospital, Toronto, 1912), to Mr. Louis Harvie Robinson. Mr. and Mrs. Robinson will live at 317 High Park Avenue, Toronto.

HEATH-LACEY—At Toronto, on July 27th, 1921, Lorna Lacey, daughter of Mr. and Mrs. J. H. Lacey, Hillsburg Ont. (graduate of Grace Hospital, Toronto, 1920), to Mr. B. Roy Heath. Mr. and Mrs. Heath will live at Milestone, Sask.

ASHBURY-HAYCOCK—On August 24th, 1921, at St. Giles Church, Hamilton, Ont., Evelyn Haycock (Grace Hospital, Toronto, 1919), to Mr. Erland Ashbury. Mr. and Mrs. Ashbury will live at 1210 Hamilton Avenue, Detroit, Mich.

MOFFATT-EDGAR—On July 21st, 1921, at Vancouver, B.C., Gertrude Louise Edgar, daughter of Mrs. L. Edgar, Minnico Beach, Ont. (graduate Grace Hospital, Toronto, 1915), to Mr. Bernice D. Moffatt. Mr. and Mrs. Moffatt will live in Vancouver, B.C.

"Blighty in November"

Though the years are fast multiplying since the great war, yet how much time is spent dwelling on the varied scenes memory is ever recalling—base hospital and C.C.S. experiences; in each the daily round of duties, glorified by the humour, pathos and heroism of our brave men, interposed by "leave to Blighty." These memories all come floating by in turn with a vividness that nothing can ever obscure. Rather, as the poet Burns puts it:

"Still o'er these scenes my memory wakes
And fondly broods with miser care.
Time but the impression stronger makes
As streams their channels deeper wear."

Had we been allowed to choose the time, for a certainty leave would not be taken in dark and chilly November. But like a blast came the order—"Three Sisters get ready to leave for the United Kingdom at 7 a.m." The morning dawns cheerless and cold, the description also serves for the hurried breakfast, and we are off for a long ride in the ambulance. We might have taken it more leisurely, for we have to wait hours and hours for the train. No place to sit, so we must stand, or walk. Finally smoke appears in the distance and our hearts warm up somewhat, still we do not become too elated, for, though smoke is in evidence, it can still be another long wait before the train arrives at the station. It is darkening now, and it seems as if that old train has to feel its way. A Canadian boy was overheard remarking, "She is running smooth now, boys; she must be off the track." This may partially explain the French roads.

We arrive at Boulogne at 3:30 a.m. A Red Cross ambulance awaits to take us to the Canadian Red Cross Rest Home. Mental thanks were wafted towards the Canadian people out of whose generosity the Home was provided for all Sisters and V.A.D.'s arriving weary and hungry at this ever-crowded base. After an acceptable lunch, we had a good rest and felt refreshed and better prepared to continue our travels. What a treat not to have to tramp the cobble stones of Boulogne, seeking a shelter, as was the case before the Red Cross realized the need for a Rest Home. Of its Commandant and V.A.D. Staff, ever cordial and attentive, the kindliest recollections are retained.

As always, the leave boat was crowded. We tied each other up in life belts, for these were as imperative as travelling permits. If there is the slightest tendency to the dreaded mal de mer, you are not made more comfortable by this bulky life belt encasing your chest, and it must not be removed until the shores of England are reached. None too soon

could these shores come to view, for it was a rough voyage. Our escort had convoyed us safely over and now shot away to accompany other boats on this dangerous channel trip. At Folkestone, another busy port, the long trains are snorting as if anxious to get away. We run along from coach to coach watching for a foothold, but none presents. We turn and look back; we are panting for breath as our baggage gets more weighty, and we almost lose hope when a porter finds room for all three; never was recompense more gladly givn. When we get settled our eyes fasten on rural England as it unfolds its beauty in one long moving picture. It might be supposed that along this steel highway, where thousands pass in the trains each day, that the people would take no notice. Not so—here you evidence the pulse of the home as all along the line young and old never fail to wave a hand or give a cheer of welcome as the train whizzes by. This seemed a genuine expression of feeling towards those fighting for the Empire, and it was a daily, if not an hourly occurrence through all the years of war.

Now we reach London, old and wonderful, grim and gay; grim with its determination to win; yet gay enough to smile. You feel the spirit of the old place grip you; it is the great distributing centre, a haven of rest or a whirlpool of diversion as one chooses. Ireland was in prospect, but it took some persuasion on the part of the Irish member of the trio to induce us to leave terra firma. The churning of the channel was still fresh in our minds. However, the smooth Irish tongue of our sister prevailed.

There was no mistaking the country we landed in, for the blarney starts at the ports, and, travel where you will, it is ever present. In Dublin we had our first ride in a jaunting car, and "ould Paddy" insisted that we make a wish before entering his car, "fer good luck." All the while he entertained us with rare bits of information and history. As to its truthfulness we could please ourselves. Now and again little spurts of Sinn Fein sentiment burst forth. It could not be repressed; when we alighted and asked the fare—do you suppose Paddy had a regular tariff? No! You could not induce him to commit himself to a fee. "I'll jist be lavin' it to yersilves" was all he would say, and "Thank you, and God bless you." When we parted, with what we found out later was three times the tariff charge, he took it all unabashed, and "niver a twitch of his ould face." We now proceeded to Belfast, of much more prosperous and more modern appearance than the capital. I once heard that Ireland was the wealthiest country in the world! because its capital was always doublin. We failed to see any evidence of this in the south. Bound for the farthest point on our warrants, we proceeded to the Giant's Causway, and, much to our surprise, though well on in November, the sun was there to brighten that rugged northern coast. It brought back school days when we studied about this wonderful rock formation, and there they stood, numberless diagonal pil-

lars. One group formed an object like the pipes of a great organ. Here, too, is a Wishing Chair, of the same rock, and you must not leave until you sit in it and make a wish (most likely that the return passage to France may be smooth!). From Killarney to the most northern coast, superstition abounds. Our sister of Irish descent was loath to leave the shores of Erin. As soon as she set foot on the ould sod, her nature changed, and no matter what happened all was lovely; disagreeable events (though few), such as being generously splashed with mud by a passing jaunting car, she looked at through rose-coloured glasses, and in her state of mind each splash was a little bit of good old Ireland. So the time passed by, and we enjoyed every moment listening to the Irish tongue. In Belfast we parted, and I went to Scotland to visit friends. Arriving there it was necessary to take a 'bus to reach my friend's home. When it seemed we had gone miles, I enquired the fare and was told 6d. This seemed such a very small charge, so I gave one shilling and thought it well worth it. Though it was dark, the driver said, "I think, Miss, ye hae gien me too much." What a contrast to Paddy, who would be "lavin it to yersilves." Being of Scotch descent, it was now my turn to feel the auld blood of ancestry surge through my veins. Even in the darkness, it thrilled me to know and feel I was really in this great unconquered country. Aye, but I felt proud when I brought to mind the famous people of auld Scotia and the noble, stirring history she has bequeathed her children. This was only a passing visit, and I shall but recall my warm reception, and the time-honored scenes and Scotch sweets with which I was treated. I must now pass on to meet my pals in London. Reaching the great city again, we wend our way to Waterloo—the great throbbing Waterloo. Surely no place in London witnessed more pathetic scenes during the war than these great pulses of London—Waterloo, Victoria and Charing Cross Stations. The engines are snorting and puffing in seeming impatience. Soldiers in khaki at every turn. For many it may be the last leave, but all are bright and cheery, knowing that the hearts of those left behind are strained and saddened; yet they, too, are smiling. Strange how that old war was fought, also by those dears ones at home. Crossed swords, brass hats, crown, stars and privates mingle together—all with a common thought—the winning of the war. Women porters trundle their heavy trucks of baggage through the crowds, doing their bit with a will. Red Cross Y.M.C.A. and Salvation Army are willing workers, serving hot tea and coffee to our ever-hungry troops. Here it comes! The people press forward, what a stir! It is a leave train coming in! Soon it is emptied of its precious cargo; the scene changes to smiles and tears of thankfulness and joy as all along the length of the train little groups gather to welcome their own. Others look for no one, but rush on to the nearest tube to hurry them on to other stations to catch the first train for the home where awaits their welcome.

A continuous show was enacted at these stations during the war. Sadness and gladness followed in quick succession. Our train is ready now. The guard's whistle gives the warning. These last moments become tense; there is almost a silence, for thoughts are unexpressed, as words choke just now. So, as we begin to move off, heads are thrust out for a last look and the "cheerio" which, to many hearts, is now naught but a cherished memory. We are away. The outlook en route, with the fine green meadows and wooded hills, must be an inspiration to those fighting for their homes in England, and we agreed with the Tommy who, as he views the panorama, turns to his mate with the remark, "I si, mitie, hits nice to see they int now shell 'oles 'ere." Matey must have had a bad trip coming over, and it was still preying on his mind, for he answers, "Hif this 'ere wind keeps on a blowing, we'll see plenty of 'em crossin' the bloomin' channel." The wind did keep up, and we were told to report three times at the boat before it ventured out, and ere long we wished they had left us on land for another day. More crowds, more sickness, more life belts, the same old story, each one on his or her own with no sympathy from any quarter. At such times lack of sympathy is the kindest sympathy. None too soon, the welcome lights of France now began to glitter and gleam, then out of sight, only to reappear as we are lifted high and low on the waves—hope revives, however, and, when we land, no need to describe our looks or feelings; we wonder if leave is really worth while. Then we recall the joys of "Blighty," and away down in our hearts we decide it was much worth while.

We are soon at hospital and duty, the spirit willing enough, but the flesh somewhat weak. In my next ward I shall recommend that an extra week be given in which to recuperate from leave!

Once back at our post (what pride there is in these two words—my ward!), fatigue vanishes. New patients are admitted, our own patients; we make them comfortable and happy and—well there was nothing finer over there than your own ward of Tommies, Jocks, Paddies, Aussies, Anzacs and Canucks, with a sprinkling of Taffies. Any combination of these ingredients assured a varied and original discussion.

Close your eyes but a moment. What familiar scenes does fancy conjure! Scarlet-tie-d knots of "blues" dotted over hospital wards in France. A comparatively silent, much-bandaged group playing cards on the edge of a comrade's bed; another few intent upon a game of draughts; one or two or more upon reading. The liveliest lot of all is that clustered around the stove; they hem it in on all sides as though the poor inanimate old thing contemplated flight. What battles have been lost and won upon this favoured ground! Here "fags" seem the most essential weapon. Quip and jest is thrust and parried. With what flourish does the poker punctuate debate! The thickening atmosphere reeks with tobacco; how immaterial is fresh air! Nor has the incessant grind of

the gramaphone power to drown argument. Only by the call to supper is the magic circle dispersed. I, too, must rub my eyes, blow the smoke of memory aside, for right here the bonniest blue of all is patiently awaiting his dinner.

ONE OF THE NEIGHBORS.

ETERNAL YOUTH.

So long as there are songs for me to hear,
Book friends to find, or opening buds to see,
A chime of bells, or robins nesting near,
A poem rare that frees the soul of fear—

If still, for me, the lilac's breath is sweet,
Or ships that span the waves leave waiting dreams,
So long as need my heart goes forth to meet,
And each new day lays duties at my feet—

While I yet feel the claims of lands afar,
And sacrifice to make them unafraid,
If not my own nor loved ones' lives I bar
From service where both truth and honor are—

And still can glimpse the rainbow's hues for me,
Or children's smile in answer to my own,
While yet alive are love and sympathy
With joyousness, and dreams of things to be—

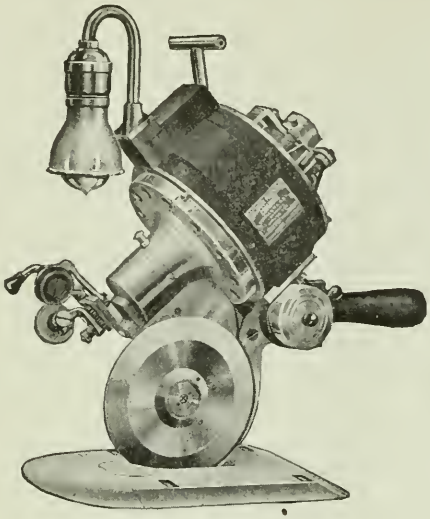
Then, though advancing years reap without ruth,
I am not old while days hold values new;
And life's last link shall clasp the glowing truth
That welcomes Home the soul's eternal youth.

Ida Norton Munson.

"There are rare epochs in the history of the world when in a few raging years the character, the destiny of the whole race is determined for unknown ages. This is one. The winter wheat is being sown. There are many storms to pass through, there are many frosts to endure, before the land brings forth its green promise. But let us not be weary in well doing, for in due season we shall reap if we faint not."

—*Lloyd George.*

The Eastman Electric Cutting Machine



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THE PHILADELPHIA HOSPITAL for Contagious Diseases, at Second and Luzerne Streets, Philadelphia, Pa., offers a Post Graduate Course of three months to graduates of registered schools for nurses.

Students have eight-hour duty, including a half day each week and a half day each Sunday. They receive $42.00 per month, Board, Room and Laundry. Seventy (70) hours of instruction are given in the theory and nursing technic in Communicable Diseases.

The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated 1918)

AN EXAMINATION of Graduate Nurses from accredited Training Schools will be held in Hospitals in British Columbia having a Training School on Wednesday and Thursday, Nov. 2nd and 3rd, 1921.

Names of candidates must be in the hands of the Registrar not later than Oct. 2nd, 1921.

Full instructions to candidates may be obtained from the Registrar, or at the Hospital in the town where she intends taking her examination.

HELEN RANDAL, R.N.,
Registrar.

Do thy duty, that is best;
Leave unto thy Lord the rest.

—*Anonymous.*

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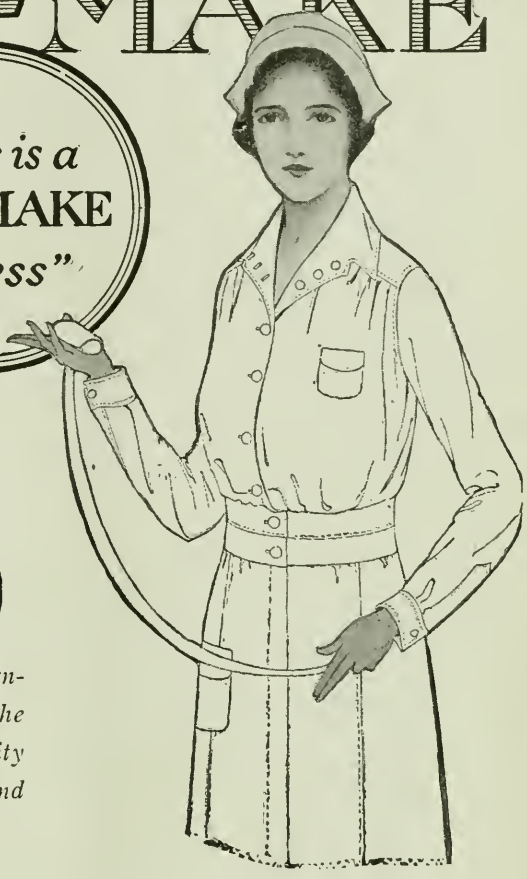

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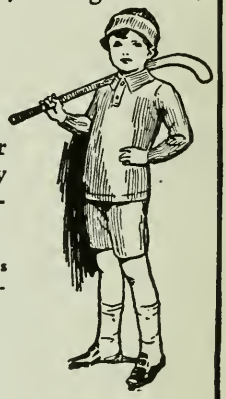

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	Page
Protective Foods	615
Schools seen in England and France	618
A Few Suggestions to Private Nurses who are willing to do Obstetrical Work in Private Homes	623
Miss Margaret Stanley	625
The Private Duty Nurse	625
A Word About Private Nursing	628
Travelling Publicity Campaigns	630
Is There a Shortage of Student Nurses?	631
Editorial	637
News from the Medical World	638
Public Health Nursing Department	641
Department of Nursing Education	642
The World's Pulse	645
C. A. M. C. Nursing Service Department	648
Canadian National Association of Trained Nurses' Scholarship	651
Hospitals and Nurses	652

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Protective Foods

BY FRANKLIN ROYER, M.D.

Executive Officer Massachusetts-Halifax Health Commission

Mankind has searched for centuries for an elusive something to prolong youth and vigor and extend life beyond the period of usefulness obtaining these later centuries. Ponce de Leon searched Florida for the Fountain of Perpetual Youth; Brown-Sequard sought the Elixir of Life; Metchinkoff, the bacillus of sour milk, that seemingly prolonged the lives of Bulgarians, and others each in their own peculiar way have pursued the great search.

During modern wars, countries engaged in the fight subjected large numbers of the male population to physical tests, usually to find that the race, instead of getting better, was in a great many particulars deteriorating. As a rule no practical applications were made to improve the

racial stock. No public health applications were made. With the recent great world war civilization faced anew these same problems, but with some exact knowledge.

The first striking observations that led to the use of protective food were made emperically among those who put to sea for long voyages. By practice, lemon juice—or limes, a misnomer used in England—was included in the diet of sailors for the prevention of scurvy. The routine introduction of lemon juice to the diet of sailors practically wiped out scurvy.

After the next striking advance (Eijkman, 1897), was to determine that in polishing, to get rid of the bran-like husk, an essential nutritional part of the food in rice was removed, and that those who ate it from Japan to Newfoundland were likely to get beriberi, unless this essential substance (removed in polishing) was taken with some other kind of food.

With this further evidence noised about the world, English speaking countries showed a "grain of sense" for a time, and applied a part of these observations to bread stuffs. Bran, from wheat, was eaten. Many people remember when graham bread was almost universally used, but in recent years, except during the period of the Great War, the average family lost the lesson and reverted to bread stuffs made from highly bolted white flour. The much more healthful whole wheat flour, healthful because the vitamine was not removed with the bran, was rejected.

Following Funk's invention of the term "vitamine," in 1911, research workers in nearly all parts of the world tried to isolate this essential substance. With research along this line on this continent will always be associated the name of that astute Canadian, E. V. McCollum, now Professor in the Public Health School of Johns Hopkins' University; abroad, Mori, the Japanese worker; Eijkman, of Holland; Funk and Mellanby, English research workers, and many others.

Goldberger, of Washington, in 1916, showed that pellagra was a food deficiency disease readily prevented or cured by adding or using foods known to be rich in vitamine.

The work of this entire group of research students tends to show definitely and conclusively that the substance called vitamines, the things which so markedly influences growth and nutriotion, will be found most readily accessible in two lines of food; first, milk and milk products; second, in the leafy vegetables. McCollum speaks of these as "protective foods."

It is safe to say that no diet is fit for use over a long period of time, either for children or adults, unless each day one or the other of these vitamine including foods is used as a part of the diet. While these substances are essential for good health, they are even much more so for growth. They are vitally important, then, for the expectant mother, the

nursing mother and the babe beginning the use of food, as well as for the pre-school age child. Everyone should all have some of the essential protective food stuffs provided each day.

The experimental work of McCollum, later confirmed by others, notably so by Howe of the Forsythe Institute in Boston, has shown how easy it is to influence growth and development of the teeth of experimental animals, almost at will, by withholding or including in the diet vitamine substances, doing so before birth or during the growing part of the life of the animal.

All of this experimental knowledge is now being applied in a practical way by modern stockmen. The prize-winning bipeds and quadrupeds of the country fairs show that high form of physical development because of the careful selection of food stuffs.

Is it not time that we begin applying these observations daily in the human family? Is it not time that we begin feeding the expectant mother, the baby, and the growing child, in that rational way which apparently will insure the type of physical development proven easily possible in animals?

If the observations of these research workers mean anything, and if their judgment is dependable, then we are amply justified in urging upon every family that milk, or some of its products, is imperative at least once a day—this is more important in winter than in summer—that some of the leafy vegetables must be included once a day in the diet.

It is time to cease lying down on the old saw, "It is God's plan that this child should be stunted in growth," and admit that "it is the ignorance of the father or mother" that permitted this stunted growth to occur. It is time to admit that our method of guidance has been so at fault that we have not applied these modern observations. It is time to cleanse the slate and begin anew. It is time to urge a quart of milk a day for every child. It is time to urge larger use of markets and daily use of fresh leafy vegetables.

Our little systems have their day;
They have their day and cease to be:
They are but broken lights to Thee,
And Thou, O Lord, art more than they.

In Memoriam.

Schools Seen in England and France

JEAN E. BROWNE, R.N.

A type of school that I saw in England for the first time, was the Montesori school. These classes were started by private funds, but are now receiving Government aid. They take children from 2½ to 5 years of age. On arriving at school they get their breakfast, and they also get a nutritious dinner at 11.30. They serve the dinner themselves. It was one of the quaintest things I have ever witnessed to see a small boy of four ladling out the soup, while half a dozen of his confreres carried it on trays to the little tables. What a lesson in self-control and unselfishness! After all the others are served, those serving help themselves. After dinner, they go to sleep on little stretchers, which are provided for the purpose, and at 3 p.m. they go home.

The songs, games, etc., are somewhat the same as those taught in our Kindergartens. There is one fundamental difference, however, individual, rather than group effort is stressed, and, as a result of the methods used, the children are amazingly alert and they look immensely happy. There is less teaching, and more opportunity given for each child to work out his own ideas.

As far as the elementary schools in London were concerned, those that I saw were old and unsanitary and one was struck with the large proportion of children suffering from malnutrition. It was in the special schools that I was deeply interested. One type of special schools had physical defectives on the first floor, deaf and hard-of-hearing children on the next floor, and mentally deficient children on the top floor. There were other schools set aside specially for feeble-minded children. In the girls' school, one saw beautiful hand-work and dressmaking being done by these girls. And they looked so contented, indeed almost happy. In these schools they are competing with children of intelligence somewhat similar to their own, and they are understood by their teachers. In the schools for feeble-minded boys, special emphasis is placed on organized games, and some trades, such as cobbling, are taught. But the school that delighted one's heart was the Cable Street school for children of superior intelligence. There is a similar one in each borough in London. The pupils are selected in the following manner: The brighest children of about eleven years of age are selected in each school by the teacher, and an examination is given them. Those showing the most merit are selected and are allowed to go to the central school. There are only 300 pupils in each. Specially gifted teachers are chosen for these central schools. In the one I was in, nature study and art seemed to be the predominating features. One was shown the most beautiful work in art done by these pupils. It did not require a great stretch of the imagination to see the joy that this kind of work would bring into the drab lives

of the children of the slum dwellers. The School Care Committee of these central schools takes special pains in getting the pupils into good positions when they leave school.

There are also regularly established sight-saving classes in connection with the public schools. The one that I remember best was one seen in Sheffield. The pupils are not allowed to use books at all. Each pupil is supplied with a small blackboard attached to his desk, and he writes with chalk. The reading lessons are written on a revolving blackboard and are not longer than ten minutes at a time. The children are taught occupations which they may use to earn a living and which are not a tax on their eyesight. In this class, dancing and singing receive special attention. I have never seen anything more beautiful than a minuet danced and sung by some of these pupils. I shall never forget one little girl, literally in rags, dancing this with her head held high and living the spirit of it as any little princess might. The stately grace and beauty of the minuet had lifted her far above the sordid details of her life.

Some provision is made in all the English cities I visited for open air class-rooms for anaemic children. Nutritious meals are served in these schools and the children sleep for an hour after lunch The regime of open air, good food and rest give almost unbelievable results. The only trouble arises when the children are sent back again to the regular class-rooms.

In London and Birmingham, and no doubt other large English cities, a pronounced feature of school work is the "After Care Conference." Just before the child leaves school, at fourteen years of age, a conference relating to his future employment is held at school. At this conference the following are represented: The Apprenticeship Association, the Employment Exchange, Evening Institute Committees, School Care Committees, one of the parents, and the head master of the school. The parent states what employment she would like her child to follow, the child expresses his own wishes in the matter, and the teacher's report states what he thinks the child is best fitted for. The condition of his health is discussed. It is then a question of starting the child on the right track, care being taken to advise against the so-called "blind-alley" occupations. If he does not already belong to some club, he is put in touch with a good boys' club. Clubs for boys and girls abound in the east end of London. The amount of voluntary public welfare work done in London is remarkable. The school care committee is then expected to report on this child every six months until he is eighteen years of age.

The School Medical Inspection Act of 1908 provided for medical inspection of all public elementary schools in the kingdom Each child is examined at least three times in his school life, and clinics of all kinds exist for the remedying of defects. The machinery for this work is immense, but one feels that it is revolving in a vicious circle. If the present system continues, no doubt each succeeding year will bring its same pro-

portion of defects and diseases, for they are working on the old inspection plan, rather than on the health education plan. As far as I could see, only the most casual attention, if any, was being given to the formation of health habits in the children in school, and the schools themselves were not hygienic.

There was a good deal of public controversy in England last winter regarding the Education Act of 1918 (Fisher Act), which came into force in January, 1921. It provides for continued education eight hours a week for four years after the child leaves school (at the age of fourteen), or the parents may choose the alternative of sending the child to school for two full years. Some large firms in England have been providing this supplementary education for their juvenile employees for years, so that the public is more or less prepared for the Act. It was most unfortunate that this Act came into effect when it did, during a period of industrial depression and consequent unemployment. Then, too, the cost of operating all these extra classes meant the building of new schools, for the classes are to be held during regular school hours, and at present England is groaning under taxation. The consequence was that the city of Birmingham and other large cities sent a petition to the Government not to enforce the Act at present, and this petition was granted, so that the continuation classes are still a thing of the future.

The only rural schools I saw in England were some in Warwick county. One of these, a few miles distant from Rugby at the quaint little village of Dunchurch, was founded by the Duke of Buccleuch, in 1707. In an old registry one saw the entry "The Master shall forbear to admit to this school any child who is itchy, scabby or lousy, or who has any nasty or infectious disease." From the point of view of hygiene this school is atrociously bad, but from other points of view most interesting. Just across the street is the house where Guy Fawkes and his confederates are said to have hatched the gunpowder plot, and just around the corner is the old village smithy made immortal by the poet. The spreading chestnut tree is gone, but the smithy is still there.

One finds the haunts of Tom Brown at Rugby still unchanged. The dormitories are just as described in the books, and in the long narrow halls outside are the rows of little trunks, each marked plainly with the owner's name.

It was like re-living an old dream when one came on the tiny little studies, ridiculously small, yet cosy. The boys at Rugby still regard it as a great promotion when they are given a study to themselves. Tom Brown's class-room remains unchanged, too. It is a tall, dark, gloomy room (a separate building) with long benches with no backs and most uncomfortable desks. These benches are defaced by hundreds of initials carved into them One saw the spot on the playgrounds where the boy first kicked the football, giving rise to the Rugby game. The day I was there, I saw the boys all march past from their cadet drill, and a finer,

manlier group of boys it would be hard to find. Evidently Dr. Arnold's spirit still abundantly lives in the school.

Perhaps the most interesting schools I saw were in the devastated regions of France. To my surprise, I found the children, on the whole, looking remarkably rosy and healthy, and they were almost, without exception, clean and neatly clad. The very lively sense of humor of these French children was delightful. Occasionally one saw a child with a prematurely old face reflecting the horrors of the war, and there are a few still living in cellars. The French Government is laying great emphasis on organized play in the schools now. One of the teachers of physical culture told me that, when she first introduced ball games, the children dodged the ball with terror, so firmly fixed was the horror of bombs. From the hygienic point of view, the schools in France are bad, not only in the rural districts but also in Paris.

In Paris, among the other schools visited, we saw a school for the orphan sons of soldiers. A talented musician gives a great deal of his time to this school, with the result that one hears these children singing classical music most beautifully. The buildings and grounds were once a private residence, donated for the purposes of a school by the owner. The large grounds give an opportunity to teach the boys gardening as well.

Although it was in Paris that the first system of medical inspection of schools was begun, still this system has not progressed much since 1879. During the last year a French Red Cross Nurse has begun the organiztaion of school nursing in Paris, and already good results are in evidence. Perhaps the most difficult health habits to teach to French children is the necessity of sleeping with open windows at night. I am not sure, however, that all our Canadian children have learned that necessary habit.

After seeing the schools in the Old World, one is bound to make comparisons in results with our own. In my opinion they undoubtedly have great advantages in the way of general culture, but our boys and girls are being trained along more vigorous and independent lines. In my estimation, our children are being given better opportunities for development of both body and mind, but they are missing, perhaps, the charm of life.

It might, perhaps, be of interest to relate what I saw in the devastated regions outside of the schools.

A splendid work of reconstruction is being carried on in the district of the Aisne, which was perhaps the most hotly contested area in France, by the Comitè Americaine, an organization largely financed by Anna Morgan and her friends. The largest towns in the Aisne district are Rheims, with its wonderfully beautiful ruined cathedral; Coucy, with its completely ruined 8th century chateau; Soissons, Blerancourt, and

Vic-sur-Aisne. In addition to these there are over 100 villages in the district, almost entirely ruined. It is difficult to describe how the desolation of these ruined villages overwhelms one at first, but, later on, one is equally overwhelmed with that tremendous moral courage and cheerfulness and never-tiring industry with which the French people are making the best of things. Every available inch is under cultivation, the trenches and mine holes having been filled up. Everywhere one sees rolls of barbed wire and rows of shells neatly piled up by the roadways. The French Government is doing its best to send out sufficient barracks to house its people, but it is a difficult task, and one still finds families living in cellars and barns and dugouts, where the sunshine never finds its way. One of the finest services that the C. A. R. D. has been able to do for these splendid people has been the supplying of farm tractors. One sees the rather amusing combination in France of tractors and picturesque white oxen working in the same fields. The Committee has also helped these people tremendously by supplying thoroughbred sires in order to help them build up a good strain of stock again. The necessity for giving out supplies of food and clothing is gradually being eliminated, except for the old people. They have not been able to recover from the shock of war. Many of them who were small proprietors before the war now find themselves dependent on bounty. In one home visited, an old lady had been without a stove since the war; she had to do her cooking on an improvised fireplace outside. Another old lady in one of the villages had just moved into a barraque, and she proudly exhibited her bed and mattress, two chairs, a small table and her chintz curtains, but she had no stove. In countless ways the comitè is bringing some degree of comfort to these old people of the French villages.

One of the outstanding features of the Committee's work is its libraries. They seem to be wonderfully appreciated by the people, and particularly perhaps by the children. It is my impression that French children learn to read and write more quickly than ours do, and that they are not so fond of outside play. In fact, the most intensive work being done by the Committee is for the children. The Boy Scout movement is fostered and made possible by its funds. The girls who have left the elementary schools are organized into Household Arts classes, where they are taught dressmaking, weaving, cooking and laundry work.

In each centre there is a clinic and one or more public health nurses, who do all types of public health work and bedside nursing. Each nurse has a car and chauffeur, so that she is able to visit several small villages in a day.

However, it would seem that the work of the C.A.R.D. will very soon be no longer necessary, as the people in the devastated regions, as a result of their courageous industry, will soon be re-established and the havoc wrought by the great war will be obliterated.

A Few Suggestions to Private Nurses who are willing to do Obstetrical Work in Private Homes

Mrs. A. Barrett.

When a nurse promises to take an obstetrical case at a stated time, I think it is a good plan to visit the patient a month or two in advance, and try in every way to gain the patient's confidence, and try to remember that although this woman is a case, she is also a human being about to face a very grave and maybe dangerous ordeal, for a great deal will depend upon the nurse's sympathetic attitude towards her patient.

During this visit it is very wise for the nurse to make it clearly understood that her professional fee begins from the date she is engaged. On said date, the nurse should put herself at her patient's disposal, and be free to be called at any hour of the day or night. This is not always clearly understood and often gives rise to a lot of misunderstanding.

A bright, airy room should be chosen. Ask your patient to have it thoroughly cleaned one week before her expected call of confinement. See what implements are needed. Try if possible to manage with what your patient has on hand, but insist on having what is really needed. Give advice regarding pre-natal care, especially that which has to do with breasts and nipples. Inverted nipples should be massaged and brought out. Astringents, such as alcohol 95 per cent., used frequently; cocoa butter and rose water and glycerine a.a., equal parts, applied q.n. is very beneficial. The nurse should encourage her patient to nurse her baby. The nurse is also responsible for the making of supplies and sterilizing of same.

At time of confinement, notify your doctor when labor begins and keep him posted on the progress the patient is making. Call him in good time for delivery, remembering that although he may be rather cross at having been called too soon, he will never forgive you if he is not there for the delivery.

Be as patient as possible with your patient, her husband and relatives, and do not lose sight of the fact that it is a very trying time for them all. Arrange your room as you have been taught in your respective hospitals. Plenty of hot and cold water is essential. Be ready to face any emergency, but, nevertheless, keep your patient's mind serene and encourage her in every way to use her pains to advantage.

After delivery, watch your patient carefully for at least two hours. Even in hospitals it is customary for the doctor to stay with his patient for one hour after delivery, so you can insist on having him observe this rule in private practice.

Before closing, I would like to say a word about the great difficulty doctors have in finding competent nurses to do obstetrical work. I quite realize that it is much harder to look after two patients instead of one, and I quite agree that the hours of labor are very trying, but then the first 48 hours a nurse spends with any post-operative case is just as difficult, so why can't they do more obstetrics?

Now-a-days a great deal of good work is done in connection with baby and child welfare work, and I think that the best way to co-operate and help with this good work is first of all to aid the expectant mother through a successful pregnancy, and by so doing help her to have a healthy child.

Another point I should like to insist upon is, the private nurse's hours off duty. A nurse is entitled to five hours off duty, if she is doing nineteen hours duty. Let her take stated hours, and be back on duty when she has promised to, and not stay out another hour or so, thinking it does not matter, for it does. If she observes this rule, she will save herself a great deal of trouble.

A private nurse should never relate to her patient tales of other confinements or criticize doctors, their methods, or special care of difficult cases.

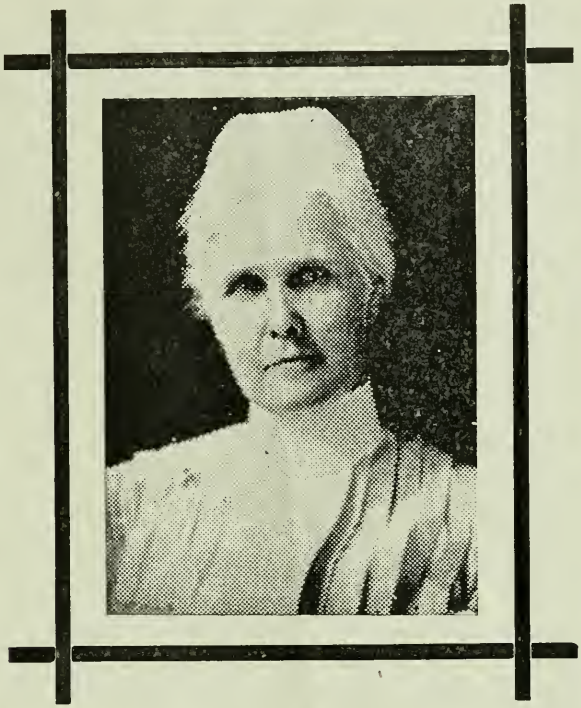
Read at C.N.A.T.N. Convention, Quebec, 1921

The visit to the United States of the British surgeon, Lieutenant-Colonel Henry Smith, is attracting wide-spread attention. His special work is the removal of cataracts by the Smith-Indian method; this consists of removing the entire lens capsule, differing from the usual operation, in which only the contents of the capsule are removed. Dr. Smith has performed over 50,000 operations of this nature. He works with remarkable skill and dexterity, performing operation after operation in an incredibly short space of time and without apparent fatigue.

But am I not the nobler thro' thy love?
O three times less unworthy! likewise thou
Art more thro' Love, and greater than thy years.

Love and Duty.

Miss Margaret Stanley



Miss Margaret Stanley, for fifteen years Superintendent of the Training School, Victoria Hospital, London, Ont., and one of the prominent figures in the nursing world of Canada, died Sunday, August 4th, 1921, in London. Miss Stanley was born in Lucan, Ont., trained at Johns Hopkins Hospital, Baltimore, Md., and, after graduating in 1896, she took the position of Superintendent of North Adams Hospital, North Adams, Mass. She left this position to go to Victoria Hospital, London, where she remained till April of this year, retiring because of ill-health.

Miss Stanley was a prominent and interested member of nursing associations, and it was while attending the Convention of the C.N.A.T.N. and C.A.N.E. in Toronto, 1918, that she fell and broke her femur, which left her decidedly lame. She, in spite of this handicap, attended the conventions in Vancouver, 1919, and Fort William, 1920.

She was buried in the family plot at Arva, Ont., following an impressive service in St. John the Evangelist's Church, London, where hundreds of sympathetic Londoners, including representatives of the various women's organizations, the Hospital Trust, Victoria Hospital Alumnae Association, Victorian Order of Nurses, the C.N.A.T.N., represented by Miss Mathieson, Superintendent of the Isolation Hospital, Toronto; the C.A.N.E., represented by Miss Fairlie, Superintendent of Nurses, Hamilton General Hospital, and the G.N.A.O., represented by

Miss Potts, of the Sick Children's Hospital, Toronto, and many other graduate nurses. The Honorary Pallbearers were members of the Victoria Hospital A. A., who graduated during Miss Stanley's superintendency, namely, Misses McIntosh, Stewart, Frazelle, Armstrong, Bull, Summer and McNab.

The floral tributes were especially beautiful, including offerings from the Local Council of Women, the I.O.D.E., the Red Cross Society, the Canadian National Association of Trained Nurses, the Ontario Graduate Nurses Association, the Board of Hospital Trustees of Victoria Hospital, the Canadian Association of Nurse Education, the Superintendent of Toronto Sick Children's Hospital, the Superintendent of Hamilton General Hospital, and many relatives and personal friends of the deceased.

The Private Duty Nurse

The Private Duty Nurse's work is one of unusual interest and usefulness, and provides many opportunities of helping others. An ideal nurse must have an unlimited supply of patience; she will be ever faithful in discharge of her duty, caring for the poorer patients as much as the rich ones. She will be honorable, truthful, straight-forward, unselfish, and will carry out the doctor's orders with implicit obedience and greatest loyalty towards him. If this is not possible, there is only one thing to do, give up the case.

For some time the Private Duty Nurse has received many criticisms, some justly due and others not.

Just a short time ago a doctor remarked that he was sorry to see some of the nurses were resembling the factory girl, in so much that they did not have their minds as much on their work as on the clock, waiting for the time to go off duty.

Nurses who do their work half-heartedly, or in, might I say, a selfish manner, miss its most inspiring features. Unless the heart, as well as the head, is in the work, the nurse will not succeed. If nurses shrink from self-sacrifice and devotion, called for in private duty nursing, then they should not take up this branch of nursing. To nurses who give of their best, eventually not only their lives are blessed, but they make a reputation for themselves and keep it.

Lately the spirit of nursing, by some, has been lost sight of, and the financial side has gained prominence and their numbers are increasing. They no longer mind people, knowing that nursing, to them, is a business pure and simple.

One of the noblest professions open to women is tending to become

a soul-less trade, a purely commercial contract, a simple exchange of goods for money, the goods being their knowledge, skill and bodily powers For these goods they are out to secure the highest obtainable price at the minimum expenditure of time and trouble.

What is blamed is not the legitimate, inevitable care of money, but the worship of it, putting aside the high and holy ideas of the service of the sick.

Have you ever heard anyone say, "I dread having a trained nurse, they need so much waiting on and they are so extravagant?" So above all things a nurse should endeavor to make her presence in the house a relief and not a burden.

Now that everything is so expensive, it would be well for nurses to learn the price of things, and only order what they actually need for their patient, and not use more linen than is necessary.

Nurses need a diversity of interests in order to keep their minds alert and enable them to enter into the interests of their patients, to help the weary hours of convalescence to pass, by having something bright and cheerful to talk about. Not like the nurse who was nursing a very bad case of blood poisoning in the country last fall. On returning from a walk, said "She had passed three cemeteries and asked which one her patient intended being buried in."

How full of comfort to the sick is a cheering smile, a re-assuring look and an encouraging word. They scan and search your face anxiously to read their fate there, or your opinion of their case, and they catch, and are depressed by, the trouble or shadows that they find.

A most important thing for a nurse to always remember is not to violate professional confidences. As has been said, a nurse has two eyes to see with, two ears to hear with, she has only one mouth, and "a still tongue maketh a wise head."

It would be well for nurses to learn the Florence Nightingale pledge and follow more closely the principles of this pledge.

At present the private duty nurse in China is only allowed to nurse women and children. The medical profession feel that women must care for both sexes, and this means a revolution in Chinese ideas. Thus the fight made by Florence Nightingale is being waged in China. Let us hope before long they will have won and that they strive for the high ideals and standards that we have been striving for and trying to the best of our abilty to live up to.

D. HAY BROWNE, R.N.,

Read at the C.N.A.T.N. Convention, Quebec, 1921.

A Word About Private Nursing

So much has been written about the private duty nurse that it seems as if there is very little more to be said.

Private nursing is, as everyone is willing to admit, the soul of nursing—it is the branch of the profession that brings out just what is in the nurse; in fact it is real nursing for which a nurse has been trained for three long years. And yet how many hospitals take into consideration the personality of the nurse and her possible attitude towards the family while in the home.

Frequently it has been said to more than one nurse by patients, and even maids, "Why we never had a nurse like you before," etc. Those who have done private duty nursing will readily know just what is meant. Personality and common-sense count for much more than is realized by the majority of nurses, as after all we are trained to be nurses, not the doctors on the case.

One cannot blame a hospital for the action of her graduates, still, when one reads of such criticisms as "the maid will walk out if a trained nurse is brought into the house," one cannot help but think that the hospital might do a little more towards elevating a profession to which it should be an honor to belong. Through her the nursing profession is judged. Into her sympathetic ear are poured all the trouble and trials of the family which should be regarded as a sacred trust and not to be discussed with others when she has finished the case.

To be sure, private nursing is the hardest branch of the profession, and is certainly a tax on the mental and physical endurance of the nurse. No truer words were written than that the life of a nurse is ten years.

Few people realize how much of herself the nurse really gives to her patient—in fact few know how much is demanded of her if she is to be the successful private nurse. Then there is the constant strain, for the beginner of the work at least, of wondering if there will be another case, and just what it will be like, the listening for the telephone, and wishing quite often that it would not ring, especially after finishing a hard case of night duty. But frequently it does ring and one is asked to go right back to the hospital to take an emergency day case.

Special nursing in a hospital is perhaps much harder than private work, as the hours are so long and most fatiguing. To rise at 6 a.m., and not return to her room till 8 p.m., means that a nurse is not able to accomplish anything outside of her work. She is really too tired to take an active part in the various nursing organizations.

However, the day comes when she cannot keep up such strenuous work, as it is a physical impossibility. Then, like so many others, she

begins to think of an eight-hour day, with its possibilities of leading a more natural life, and of being of more service to a larger number of people.

This condition should apply to those who have spent some time in the private nursing field, but quite often it does not. And yet private nurses we must have, as, how many of us, if ill, would like to be told there are no nurses on the registry?

This brings us to the question of what is to be done to keep up the supply of private nurses. A solution to this problem, we trust, will soon be solved, as somehow everything seems to work out for the better.

G. V. BEERS,

Read at the C.N.A.T.N. Convention, Quebec, 1921.

Nursing in Czecho-Slovakia

Miss Marion G. Parsons, of San Francisco, who, with Miss Lentill, has been to Czecho-Slovakia to organize a school of nursing, says that the school which has been taken over is the only one in the country giving a recognized course of training. The nursing staff in most of the hospitals is composed of nuns, though in the large municipal hospitals are to be found many of the standing of the nursing characters in Dickens. They are given empirical training, or at least but a few weeks of theoretical instruction. The wages paid in the hospitals are wretchedly low, so nursing on the whole ranks somewhat below domestic service. The school of which Miss Parsons has taken charge has a two years' course, the first year being entirely theoretical and the second entirely practical. Speaking of the hospital, which is bad from every point of view, she says that her very soul sickens when she looks at it and thinks what is ahead of her in trying to give a decent training under the existing conditions. There are about 1,400 beds to 182 "nurses," of whom fifteen are graduates of the State school and about as many more pupils in training. The school is to be taken over for two years by the Czecho-Slovak Red Cross and reorganized. Then it will be returned to the Minister of Hygiene. The American Red Cross has agreed to send two two Czecho-Slovak women to America to study in one of the best schools of nursing there. Miss Brezinova and Miss Ruzickova, both graduate nurses, have trained at the Vienna School of Nursing, have been selected, and are leaving for the United States to enter the Massachusetts General Hospital.—*Nursing Mirror.*

Travelling Publicity Campaigns

(From the Russell Sage Foundation, New York City).

The itinerant trader has always been a bearer of news, but we are now becoming familiar with a new kind of pedlar, whose pack contains new ideas and useful information, not goods. He goes about the country representing departments of national and state government and private organizations. His trade is in the interest of better citizenship and health, not profits. The activities of these pedlars have been described in a book issued by the Russell Sage Foundation under the title of "Travelling Publicity Campaigns," with a sub-title, "Educational Tours of Railroad Trains and Motor Vehicles," by Mary Swain Routzahn. The mode of travelling has progressed from wagons to trains and from trains to motor trucks. The wares are helps to better crops, better homes, better health. Accounts of some 130 educational tours by train, auto truck, motor cycle, trolley car, wagon, and even by house-boat, are drawn upon in assembling this review of a comparatively new method of education and publicity. The appendix includes concise information on all of these tours.

According to responses to an inquiry widely sent out, travelling motion picture shows dealing with health and other subjects, travelling dispensaries and tours demonstrating the adaptability of trucks, and thus advertising trucks themselves, are the chief educational uses of motor vehicles. Demonstration trains have been employed for a number of years to carry on educational and organization work by state agricultural colleges, departments of health and private state organizations, with the co-operation of the railroads.

Accounts of some typical travelling campaigns are combined with suggestions on the various factors that enter into the success of an educational tour. The book is plentifully illustrated with photographs showing how some of the trains and trucks are fitted up with displays and equipment for demonstration. Some of the technical problems of arranging and displaying exhibits to advantage in car interiors are pointed out and illustrated. The importance of good advance work in arousing interest in the coming of the train or truck is discussed in some detail. The program of events of each stop, the planning of itineraries and finally the follow-up work to make sure that results are obtained are all given a considerable amount of space.

The two chief advantages of the educational tour as a publicity method are seen to be, first, in bringing before scattered audiences (often in out-of-the-way rural districts) well-equipped speakers and good graphic material otherwise prohibitively expensive; and, second, the

news interest attendant upon the visit of the train to a town. This form of publicity cannot, of course, be well applied in campaigns which require the dissemination of information over large reaches of territory at practically the same time; but it is undoubtedly the quickest way of displaying the same objects to a number of communities.

"Travelling Publicity Campaigns," by Mary Swain Routazahn, New York; Russell Sage Foundation. 1920. 19 illustrations. Bibliography. Reference Lists of Train, Truck, Trolley and Other Travelling Campaigns. Price, $1.50 net.

Is there a Shortage of Student Nurses?

A Survey made by the Canadian Red Cross Society.

The survey upon which this study is based was made by the Canadian Red Cross Society in February, 1921, at the request of the Canadian National Association of Trained Nurses and the Canadian Association of Nursing Education to determine the extent, degree, causes and possible remedies for the apparent shortage of pupil nurses in the training schools of Canada. A questionnaire was prepared with the assistance of Miss Gunn and Miss Flaws and sent with an explanatory letter to the Superintendents of 219 Training Schools throughout Canada.

More than half the questionnaires were answered[1] representing, with the exception of British Columbia and Quebec, a majority of hospitals in each Province[2]. The replies received were classified evenly among small, medium and large-sized hospitals. For these reasons the facts elicited may be considered to represent with fairness and reasonable accuracy the situation at that time.

A shortage of student nurses was reported by 39 out of 98 training schools. Though a shortage of 40% cannot be considered extreme, yet many of the answers indicate that a shortage did exist until the completion of military demobilization and altered economic conditions decreased the demand for young women in occupations undertaken by them during the war. This answer may be considered a fair representation of conditions in January, 1921, for, as was pointed out in the introductory remarks, these schools are distributed evenly as to province and size of hospital and the figures include nearly one-half of the schools in Canada.

To what cause was this shortage attributed? The cause most frequently assigned was "the attractiveness of other occupations." This single cause was paramount and scored more points than did almost all other causes added together[3]. The superintendents of the schools affected had tried to remedy the shortage by advertising and publicity, by better quarters and by increasing the cash allowances[4]. The result in most cases had not been encouraging.

The intensity of the shortage according to Provinces is shown by the following table:

Manitoba ..... 3 out of 5 replies (60%)
British Columbia .....7 out of 13 replies (54%)
Ontario .....21 out of 53 replies (40%)
Saskatchewan ..... 3 out of 9 replies (33%)
Minor shortages were reported by the other provinces[5].

In addition to the fundamental question of the existence of a shortage, some interesting facts were revealed regarding the profession of nursing.

Size of Hospital.—The average number of beds in hospitals with training schools was 143. These hospitals divided into three groups of almost equal size:[2]

1. Small hospitals with not more than 50 beds.
2. Medium sized hospitals with from 51 to 100 beds.
3. Large hospitals with over 100 beds.

Activity of hospitals.—The degree of activity of these hospitals may be judged by the fact that an average of 79% of the beds were reported as being in daily use.[6]

Teaching Staff.—The number of graduate nurses employed gave a rough indication of the staff available for nursing patients and instructing students. There was one graduate nurse for every 16 beds and for every 5 students.[7]

Preparatory Occupation.—Many girls on leaving school wish to study nursing but are necessarily prevented by reason of their extreme youth. To answer the oft-repeated inquiry of these young girls as to the best means of filling in time between High School and Training Schoo', Superintendents were asked to suggest a remunerative occupation or a course of study that a girl might take up on leaving school until she was old enough to commence training, and which would assist her subsequent career as a nurse. The collective wisdom of the Superintendents indicated courses in Household Science or Dietetics as by far the most useful bridge between High School and Training School.[8]

Length of Course.—The three-year course was almost the rule; ninety-three having this length of training as compared with four schools givng a course of two years.

Supply of Students.—This is estimated by comparing the applications and enrollments for 1915 with those for 1920. In interpreting these figures it should be remembered that 1915 was a war year, in which many young women sought admission or were actually enrolled in the hope of becoming Army Nursing Sisters.

In 1915 there were 7,740 applications made to 46 Hospital Training Schools. In 1920 the same hospitals had only 4,760 applications. This tremendous numerical decrease is more apparent than real and was due to a flood of applications to the larger hospitals during the war year, for the hospitals showing an increase in applications are almost as numerous as those reporting a decrease.[9]

The number of students enrolled in 70 hospitals in 1915 was 1,707.

The same hospitals enrolled 2,365 students in 1920. Comparing the enrollments for 1915 with those for 1920, an increase was reported by 52 and a decrease by 12, six remaining unchanged.

Without a knowledge of the undoubted increase in bed capacity during this period of 5 years, reasonable deductions from the foregoing figures cannot be made.

Number of Student Nurses.—The average number of student nurses in hospital training schools was 40.3 or one student nurse to every 3.5 beds. On this basis it is estimated that there are nearly 9,000 young women in the nurse training schools of Canada.

Age Limits.—The average minimum age limit for entrance to the schools is nineteen years. The most frequent is eighteen years, though three schools accept girls of seventeen, and one school will not take a girl who is younger than 23. By far the most frequent upper age limit is 35 years, though three schools will not accept applicants older than 25, and an equal number of schools have no definite senior age limit.[10]

Educational Qualifications.—It was difficult to determine with accuracy the educational standard demanded of an applicant because some schools set up standards that are more honoured in the breach than in observance, and many add to their nominal standard that convenient but elastic phrase "or its equivalent." Three schools frankly admitted the absence of any definite standard whatever. "One year at High School or its equivalent" was stated to be the standard in 51 schools, while 19 schools demanded two years of High School training and a slightly greater number were satisfied with High School Entrance. After all, the laxity in this matter is of relatively small importance, when one considers the variety in examination standards of apparent equality, the lack of correspondence between education and ability, and the greater importance of the Superintendent's personal estimation of the potentialities of an applicant. On the other hand standards are, or should be, definite, and it is superfluous to point out to you that the steadily increasing complexity of the technicalities of modern scientific nursing make it impossible to instruct adequately a pupil of inferior general education. That this fact is generally appreciated by Superintendents is shown by a glance at the figures giving causes for which unsuccessful applicants were rejected.[11] By far the most frequent cause of rejection is lack of educational qualification, and the total for this cause almost equals the combined totals for all other causes. "Do you consider the educational standard too high?" was a question answered in the negative by over three-quarters of the Superintendents replying.

These facts show the good results of the firm stand taken by your Association in pressing steadily for a higher educational standard for student nurses.

Cash Allowances.—Nearly 93% of the schools give a cash allowance to student nurses in all years. This allowance varies from a minimum of

$2 a month in the first year to a maximum of $30 a month in the third year, the average allowances being as follows:

First year	$ 7.26
Second year	7.79
Third year	10.32

Uniforms and Texts.—Free uniforms were supplied in one-half of the schools, while a few others gave the material from which the uniforms were to be made. Free text books were supplied in 22% of the schools.[12]

Hours of Duty.—The ten-hour day is by far the most usual, occurring in 59 instances, as compared with fourteen of 9 hours and sixteen of 8 hours. An eleven-hour day was admitted by five schools.

Vacation.—Vacations of a fortnight and three weeks divide the honours nearly evenly. A month's holiday is allowed in three schools.[13]

Supply of Graduates.—1,138 nurses were graduated by 72 schools in 1915, and the same schools in 1920 graduated 1,519. It is questionable if this increased annual output of nearly 400 graduate nurses is sufficient to offset the demand caused by the increased number and size of hospitals, in addition to the ever-widening range of nursing activities in the fields of industrial and public health nursing.

Excluding the unusual conditions occasioned by the pandemic of influenza, a shortage of graduate nurses for ordinary demands of the community was reported in almost 50% of cases.[14] The lack of graduates was chiefly for private nursing in homes, and was explained by the unsatisfactory conditions in the homes and the preference for public health and institutional work.

Conclusion.—This survey was made with your co-operation as a result of the request that the Canadian Red Cross Society should assist the National Nursing Associations in a campaign to recruit student nurses. While the results do not indicate a degree of shortage sufficient to justify action of a national character, yet in British Columbia, Manitoba and Ontario the needs of the situation are sufficient to justify Provincial action, and the Provincial Divisions of the Red Cross have been advised of the results of the survey in order that they may be in a position to co-operate with their respective Provincial Graduate Nurses' Associations.

REFERENCES

[1]Province—	Questionnaires sent	Replies Received
Alberta	21	12
British Columbia	38	13
Manitoba	9	5
New Brunswick	9	7
Nova Scotia	14	9
Ontario	77	53
Prince Edward Island	4	3
Quebec	30	14
Saskatchewan	17	9
	219	125

[2]**Sizes of Hospitals:**

Small Hospitals (50 beds or less)	28
Medium Hospitals (51 to 100 beds)	29
Large Hospitals (more than 100 beds)	31

[3]**Causes for the Shortage of Student Nurses:**

Other occupations more attractive	21 instances
Lack of educational qualifications	8 instances
Difficulties of small hospitals	5 instances
Poor quarters	4 instances
Hardships of training	2 instances
Inadequate salary	2 instances
Emigration to U. S. A.	2 instances

[4]**Suggested Remedies for the Shortage:**

Shorter hours	10 cases
Better quarters	9 cases
Advertising	7 cases
Increased salary	6 cases
Longer High School training	3 cases
Reduced age for entrance	1 case each
Higher educational standard	
Lower educational standard	
Scholarships	
Less "menial" work	
Longer vacation	
Shorter course	

Remedies Actually Tried:

Advertising and speeches	15 cases
Improved quarters	6 cases
Increased salary	4 cases
Shorter hours	2 cases
More maidservants	2 cases

[5]**Minor Shortages Reported:**

Alberta	Shortages in 2 out of 12 replies
Quebec	" " 2 out of 14 replies
Nova Scotia	" " 1 out of 9 replies
New Brunswick	" " 0 out of 7 replies
Prince Edward Island	" " 0 out of 3 replies

[6]**Activities of Hospitals:**

Replies received	92
Average number of beds occupied daily	112.41
Percentage of beds occupied daily	78.8

[7]**Graduate Nurses on the Staff:**

Replies received	95
Total number of graduate nurses including superintendent	828
Average number of graduates to each hospital	8.72
Average number of beds to each graduate	16.36
Average number of student nurses to each graduate	4.67

[8]**Suggested Preparatory Training:**

Course in Household Science or Dietetics	43
Office work	17
Business Course	16
School Teaching	16
House Work	13
Course in Elementary Science	12
Combined University and Hospital Course	3

[9]**Applications for Enrollment:**

1915 compared with 1920.

Schools showing increased number of applications	22
Schools showing decreased number of applications	24
Schools showing no change	9

[10]**Age Limits for Entrance:**

Minimum of 17 years	3 cases
Minimum of 18 years	38 cases

Minimum of 19 years	21 cases
Minimum of 20 years	25 cases
Minimum of 21 years	8 cases
Minimum of 23 years	1 case
Maximum of 25 years or under	5 cases
Maximum of 26 to 30 years	29 cases
Maximum of 31 to 34 years	17 cases
Maximum of 35 years	45 cases

[11]**Causes for which Applicants to Training Schools were Rejected:**

Educational	135 instances
Age	85 instances
Health	75 instances

[12]**Supply of Textbooks and Uniforms:**

Replies received	94 schools	
Uniforms free	47 schools	50%
Material free	8 schools	9%
Text-books free	21 schools	22%

[13]**Length of Annual Vacation:**

Three weeks	47
Two weeks	46
Four weeks	3

[14]**Shortage of Graduate Nurses ...** 1915 compared with 1920

Replies received	72
Number of graduates in 1915	1,138
Number of graduates in 1920	1,519
Schools with increased output	46
Schools with decreased output	17
Schools with stationary output	9
Communities short of graduates	45
No shortage of graduates	46
Shortage for private duty	26
Shortage for institutions	8
General shortage	8
Shortage for midwifery	5
Shortage for infectious cases	2

Shortage attributed to:

Preference for public health or institutional work	11
Conditions in private homes	11
Emigration to U. S. A.	6
Increased demand for graduates	5
Marriage	5

Question: "The following points have been advanced to explain the shortage of student nurses. From your general observation and without particular reference to your own school, what importance do you attach to each of these?"

Answers	Yes	No
Other occupations are more attractive	53	20
The hours of duty are too long	50	26
The living conditions are uncomfortable	46	24
The lack of salary during training	39	31
The nursing profession is becoming commercialized	40	18
After leaving High School I have to wait about 3 years until I am old enough to train	35	12
The food is poor or monotous	37	31
There is too much menial work	34	36
I feel the lack of home and social connections	32	30
The vacation is inadequate	27	36
The educational standard for entrance is too high	17	59
There are too many restrictions when off duty	10	54
Three years is too long to spend in training	7	79

Read by Mrs. Plumtree, at the C.A.M.E. Convention, 1921.

Editorial

In the death of Miss Margaret Stanley, for so many years in charge of the Training School of Victoria Hospital, London, Ont., the nursing world has lost one who was ever in the forefront of the profession—ready for all modern improvements, and ambitious that her school should be one of the best. Keenly interested, as she was, in all nursing organizations, and always ready to help in all ways by suggestions and advice, those of us who for years back have welcomed her help and enjoyed her presence at our National Association Conventions, felt the corresponding lack when she was absent from our midst at the Quebec meeting, feeling sure that only serious illness would keep her away from us. We missed her keen enjoyment and attention to every point that would come up, and the ready wit and tactful manner in which she helped us over bits of rough water will not be readily forgotten. It was with foreboding that she was not to be with us much longer that the two National Associations did her the highest honor possible by making her an honorary member of both.

We can ill afford to lose these pioneers of Canadian nurses, and among her sincerest mourners are those nurses all over Canada who have known and appreciated her. It was fitting that the honorary pall-bearers were graduates from the school to which for so many years she devoted herself.

CORRECTION.

The Editor regrets that the article "November in Blighty," published in the September issue, was separated from its rightful place under the C.A.M.N. Nursing Service Department. Our Military Sisters are helping most materially with our magazine, and we want full credit to be given where it is deserved.

Thrice blest whose lives are faithful prayers,
  Whose loves in higher love endure;
  What souls possess themselves so pure,
Or is there blessedness like theirs?

In Memoriam.

News from The Medical World

By Elizabeth Robinson Scovil.

Relief in Labor

The National Anesthetic Research Society has recently expressed its opinion on nitrous-oxid analgesia. It considers that labor is shortened 25 per cent. by its use. The stay in hospital is shortened two days. It does not interfere with the milk supply. By giving the operator better control of the patient, it lessens the danger of severe lacerations. It does not predispose to post partum hemorrhage. It may be used in obstetrical operations without changing to ether in the majority of cases.

Travelling by Air

Several California physicians went by airplane from Los Angeles to San Diego to attend a meeting of their medical association. The distance, 125 miles, was traversed in an hour and a-half.

Urticaria from Rapid Eating

A case is reported in which attacks of urticaria followed the bolting of food half masticated, only fifteen minutes being spent at dinner. There was no indigestion and the irritation disappeared when the food was well chewed and eaten slowly.

Hot Air Treatment

A French physician found that a stream of super-heated air directed against the tissues of the throat for ten or fifteen minutes seemed to destroy the diphtheria bacilli in chronic carriers. From three to five sittings were necessary, one case required fifteen.

The Use of Heels

It is asserted that as the use of a heel on a boot or shoe entails the expenditure of less energy in walking, it is permissible. The heel should be large at the bottom, to give a firm support, and not more than an inch or an inch and a-half in height. This would not throw the weight forward unduly and yet would relieve a considerable portion of the muscular strain in walking. It is the over-tiring of the muscles that produces the symptoms of foot strain.

A Necessary Training

The journal of the American Medical Association says, "No nurse is properly qualified to act in her professional relations, or to reach her greatest usefulness, unless she has practical experience and training in the management and care of contagious diseases. Such a training should be included in the preparation of every nurse. It recommends that, if the hospital has no department for contagious diseases, municipal institutions should be utilized for training.

Immunity to Measles

It appears, from some experience in a French hospital, that infants under six months old are comparatively immune to measles. It is thought that the immunity may have been transmitted to the child by the mother, who possibly acquired it by a previous attack. Whooping cough is much milder in infants under five months old than in older children. A mother with scarlet fever may nurse her child without communicating the disease to it.

The Telephone and Bacteria

An experiment has recently been made to determine whether the transmitter of the public telephone can convey disease. Cultures prepared from the receivers and transmitters of ninety-four telephones in public booths enabled the investigator to isolate various diseases causing germs. Diphtheria bacilli were present in 2 per cent. The transmitters were the chief offenders, the receivers showing few germs. Though the danger is slight, it should be borne in mind and guarded against if possible.

The Summer Baby

A writer on pediatrics says a well baby clothed in a shirt and diaper will keep well and happy through the hottest summer months. Overclothe this child, let him suffer from retained heat, and he will have diarrhoea and collapse.

Post Partum Carthesis

A series of cases has been reported where routine carthesis was employed and an equal number where no laxative was used. The series showed a greater number of rise of temperature where cathartics were given than in those where only enemas were used.

Joint Injuries

It is stated that one of the great advances during the war was the recognition that mobilization and not immobilization was the best treatment for articular lesions. This means that early activity of the joint,

and not inactivity, best promotes the return to normal use, irrespective of the grade of damage to the joint.

Treatment of Sprains

The same authority advises hot applications to the affected joint during the first few hours. It should then be massaged and wrapped in adhesive in such a way that circulation and joint motion will not be interfered with. Then the joint should be moved by the patient every two hours through a full range of motion; massage being given daily over the adhesive. In sprained ankles and knees, walking should be insisted on after the first massage period.

Death of Red Cross Officer

We greatly regret to report that Dr. Russell Stewart Wingfield, of Philadelphia, who was seriously burned on August 14th in a fire which destroyed the American Red Cross Children's Hospital at Salonika, died on August 20th, after a week's fight against shock and nephritis. Funeral services were held on August 23rd at the American Red Cross headquarters in Salonika, full military honours being paid by a detachment from the Greek regular army. The body will be shipped to the United States for burial.

Dr. Wingfield was a graduate of the John Marshall High School of where his parents live at 806 Fourth Avenue. He came to Europe in February, 1921, for service with the Red Cross, and was immediately sent to Salonika to take charge of the children's hospital at the Kalamaria Refugee Camp.

When the fire broke out in the hospital dispensary on Sunday night, Dr. Wingfield succeeded in saving all the patients and personnel, with the exception of one Greek interpreter. His heroic efforts, however, cost him very severe burns about the face and arms, and his condition had been critical throughout the week.

Dr. Wingfield was a graduate of the John Marshall High School of Virginia. He enlisted in the Army Medical Corps immediately on the American declaration of war, and served throughout the war as a State Inspector of Draft Boards. After the war he became resident physician at the Stetson Hospital in Philadelphia, leaving this post to come to Europe last February.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto, Ont.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A, Justin Apts.,
Fleet and Doley Streets,
Winnipeg, Man.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Genevieve deTurbeville,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

Foreword—Year 1921-1922

The officers of the Public Health Section of the C.N.A.T.N. are looking to the several Provincial Representatives and their standing committees to enrol members in the Public Health Section during the present year. While the officers of the Section are willing to assist the Provincial representatives by co-ordinating their efforts and by acting as a stimulus to greater endeavor, it must be borne in mind that the success of the section depends upon the extent to which the Provincial representatives are able to enlist the sympathy and co-operation of those engaged in Public Health Nursing in their respective Provinces.

It is believed, further, that the building up of a strong Public Health Section, through the efforts of the Provincial representatives, should result in increased interest in the Graduate Nurses' Associations of the several Provinces, and in turn the strengthening and enrichment of the Canadian National Association of Trained Nurses.

FLORENCE EMERY,
Chairman, Public Health Section, C.N.A.T.N.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Educational Standards in Nursing

As we left the beautiful City of Quebec, following the days spent together in convention, and in visiting the picturesque old city, was there not, mingled with our feelings of pleasure, also a feeling of not having accomplished the things we met to do?

Did not the historic atmosphere make us feel, more than ever before, that we were one people, a part of a great nation, and of a still greater Empire; that, even before the Great World War, we had really been one. Did we not feel that we must cherish every tradition, and even thank God for the sacrifices which had served to draw us so much closer together? Did not we, as nurses, feel a closer union through the sacrifice made by our own sister nurses in the Great War?

As nurses, from all over Canada, engaged in the education of pupil nurses, met in convention, did they get any closer together? Did they bring their problems, for there must be many, for the consideration of others meeting similar difficulties, that they might together work out a solution? What of our system of nursing education, is it based upon a solid foundation? Do the Superintendents of the various training schools realize that to them the nurses of Canada look for the establishment of definite standards?

Our profession is very new, indeed so new that we are not as yet quite agreed as to what a nurse is, and whether we are really members of a profession. Claiming it as a profession, we must remember that we undertake certain definite obligations. A profession is an occupation involving a liberal education—hence it involves special mental as well as other attainments.

The public, and the medical profession at large, still consider that we have our limitations; they consider the nurse as the woman qualified to give bedside care, and that only. But in the new profession of nursing the graduate is qualified for more than this. This fact is, of course, also recognized by many members of the medical profession; indeed, it is they who have assisted us to rise, but, to the average medical man, as to the general public, the old idea of the nurse still exists. But what of the nursing body itself? Does it also realize its opportunities and its obligations? Do the nurse educators realize their responsibilities? Do our

methods of instruction "betray" that we realize what we have undertaken? We speak with regret of the lack of well qualified applicants for our training schools; have our methods of nursing education anything to do with it? This is a question worthy of our consideration.

But, to return: Nursing the world over is being accepted as a profession. How do the standards of nursing in Canada compare with the standards elsewhere? I did not say how do our out-standing schools compare with the best schools of other countries; national standards of living are not established by the millionaires, neither are our nursing standards set by the few favored training schools, but by the many.

The problem of nursing standards is not one which affects training schools alone; it affects nursing in all of its phases. Consider the problem of a hospital board engaging a nurse to take charge of a small hospital. Just as to most school boards, a teacher is a "teacher," so, to the hospital board, a young woman holding a certificate from any training school is a "nurse," and qualified to meet all their needs.

How well is the average graduate nurse prepared to meet the difficulties of her new position? Did she even realize what they were to be? Nursing problems? Yes she doubtless is prepared to meet most of the problems connected with the actual care of the patient. Business training? Did she realize that she would be expected to keep the hospital books? House-keeper, store-keeper, and supervisor of the laundry? Is she ready to direct these departments, instructing new employees in their duties? Engineering? What does she know of it, of the heating and lighting plant, of the operation of the gasoline sterilizer, etc.? Sanitation? Does she know of the methods of purifying the water supply, brought perhaps from a neighboring slough some eight or ten miles distant? What does she know of the septic tank and its operation? Psychology? Has she made a study of human nature, or does she know by intuition how to deal with the varied members of her staff, the public, the board, and perhaps the secretary? And yet a nurse who had recently completed a university course in institutional management feared that the director of the course would be "disappointed" should she undertake the management of a small hospital! I wonder if she is the only nurse who considers such a position as one of not very great importance? Yet how many of us are really "big" enough for such a position?

I need scarcely go on to speak of the public health nurse, or shall we call her the "health teacher?" Does the regular nurse's training begin to prepare her for the work? Does it begin to touch upon the problems underlying disease? Does it cover the very first principles of teaching? Does the hospital training, with every appliance at hand to work with, even prepare the nurse for bedside duty in the home of the well-to-do patient, or in the homes of the district?

You will doubtless say that most of this preparation must be given

as post-graduate work; that it requires special instructors, and more time than the nurse can be allowed during her term of training. Granted that it does require special instructors, and that it can better be given as post-graduate work, or perhaps we may make it possible in the final year of training; granting this, how well prepared are our students to receive such special instruction? What educational ground-work have we upon which to build? Did our visit to Quebec not make us realize, as never before, the stability of a city founded upon a rock? Is there a doubt in the mind of a single nurse-educator of the necessity of a good preliminary education as a foundation upon which to build our superstructure?

To whom shall we look, if not to the Canadian National Association of Nursing Education, to set definite educational standards—for the teacher as well as for those taught? Though the problems of the small and of the large hospital are different, the children's hospital has some difficulties that the general hospital may not have to meet; the hospital in the new country, without modern equipment, or even modern conveniences, has difficulties that the older established hospitals will never again have to cope with—but, if all are training schools for nurses, the principles of teaching are the same no matter where they are carried out. The same educational requirements should be met; the same code of ethics should govern all, and human nature is the same the world over.

Should there not be an accepted code of ethics to govern the relations between training schools? What of some uniformity of training school records? Should it not be possible for a student, compelled for a legitimate reason to give up her training for a time, to take it up again, even in a different institution, if there were good reason for this, with due allowance being made for the ground already covered? This is, of course, impossible without some uniformity in the course of instruction, in the system of records and of credits. What of the minimum standard curriculum, which at present has the approval of our National Association of Nursing Education? Are the nurse-educators of Canada satisfied with it, even as a minimum standard? Every province, and those engaged in nursing education in each province, realize that we have problems that have not yet been touched, and that standards must be established if we are to take our place among the nurses of the world. Can we not get closer together in our national conventions, with perhaps a more sympathetic and more helpful spirit, realizing that only as assistance is given to these who have much to give, and only as those needing help come prepared to receive, can we attain standards which we shall feel proud to acclaim as the nursing standards of Canada?

MABEL F. GRAY, R.N., Regina.

The World's Pulse

(By Elizabeth Robinson Scovil).

Air Without Smoke

The shortage of coal in England has caused Englishmen to discover what air can be when it is not smoke-laden, as their atmosphere usually is. An airman, while on his way to France, saw the chalk pits of St. Omer, 90 miles distant. Windsor Castle and the Thames Valley were seen from Harro, forty miles away.

Oil Fuel Ships

It has been stated in Parliament that the present policy is to build warships that burn oil only. Depots for the oil supply are established at Gibralter, Jamaica, the Falkland Islands, Rangoon, Sierra Leone and Singapore. Two tons of oil does the work of three tons of coal, occupies less space and is much more easy to load.

The Betrayer of Edith Cavell

When Armada Jeanne, who is believed to have denounced Edith Cavell, was being examined at his trial, a woman whose husband he had betrayed flew at him and scratched his face. He was arrested at Mons owing to information obtained from the records of trials by German court-marital during their occupation of Brussels.

Cure of Sleeping Sickness

In a lecture before the Society of Tropical Medicine and Hygiene, given in London, the lecturer, Dr. Marshall, of Uganda, said that 56 cases of sleeping sickness had been cured by a new treatment. Salvarsan was introduced into a vein of the patient, thus mixing it with his blood. A small quantity of this mixture was then withdrawn and injected into the cerebro-spinal fluid. It is suggested that the real curative agent may be the patient's own blood, which may have developed an antidote to the disease which the spinal fluid is not capable of producing.

New British War Torpedo

A new torpedo plane, said to be the most deadly engine of destruction in the world, has been designed secretly for the British government. It can ascend from the deck of a warship and carries a torpedo capable

of putting out of action at one blow the largest battleship. In speed and in ability to manoeuvre under fire, it will eclipse anything yet achieved.

A Wonderful Microscope

A new microscope is in the possession of the National Institute for Medical Research, London. It will multiply an object twelve and a quarter million times. It is possible to see a bacillus as a living object and observe its structure. Hitherto it would only be identified by killing it and staining it red, blue or green. It is hoped that with this fresh knowledge more efficient vaccines and serums may be prepared to combat the germ diseases. The apparatus is made of two kinds of glittering quartz; the slide and cover glass containing the object to be examined must be of quartz, as well as the lens itself. The light used is the ultra violet rays, shorter wave lengths than white light, and experiments are being made with soft X-rays, which are too weak to penetrate bone.

Air Mail Service

The Agent General for Tasmania has suggested a scheme for an Imperial air service. A company is to be formed with a large capital, half to be subscribed by the governments of India, South Africa, Australia, New Zealand and the Malay States, the other half by the public. The plan is to organize a great air mail service which would bring Great Britain within five days distance of India and South Africa and within ten days of Australia.

A New Fertilizer

A method has been discovered and soon may be used on a large scale for transforming straw into a fertilizer for the soil without the aid of an animal larger than a microbe. This atom attacks the straw and breaks it up into chemicals as valuable to the ground as the product of the barnyard. It may mean salvation to the crops of the world.

A New Electric Force

A new electrical force has been described at a large meeting of the Institute of Electrical Engineers in London; remarkable experiments were made with it at Copenhagen. It has been discovered that certain minerals, such as slate or agate, when in contact with a piece of metal, may be made to adhere to it with extreme tenacity when a very feeble electric current is placed through them. This is said to mean, in practical use, that a few thousand miles extra would make little or no difference in sending a wireless message. The rate of receiving, also, can be speeded up several hundred words a minute. This new relay will make it possible to have a portable wireless receiver little larger than a fountain pen.

The Opening of the State Register in England and Wales

Dear Madam,—

I am instructed by the General Nursing Council for England and Wales to let you know that the State Register of Nurses under their authority is now open, and the council are prepared to receive applications for registration.

Section 6 (1) of the Nurses' Registration Act, 1919, applies to any part of His Majesty's Dominions as respects which the council are satisfied:—

(a) That there is in force therein an enactment, or a provision of any kind having the force of law, providing for the registration of nurses under some public authority;

(b) That persons registered under this Act are admitted to the register established under the said enactment or provision on terms not less favourable than those contained in sub-section (1) of this section;

(c) That the standard of training and examination required for admission to the register of nurses established under the said enactment or provision is not lower than the standard of training and examination required under this Act.

Under the Nurses' Registration Act, 1919, Rule 16, is as follows:—

NURSES REGISTERED ELSEWHERE IN HIS MAJESTY'S DOMINIONS.

Any person who proves to the satisfaction of the Council that she has been registered either generally as a nurse for the sick, or as a nurse of some special class in any part of His Majesty's Dominions outside the United Kingdom to which Section 6 of the Act for the time being applies, shall be entitled, upon making application to the Registrar in the form set out in the schedule to these rules, to be admitted to the appropriate part or parts of the Register. The fee payable in such case shall be the same as that payable in the case of an application under Rule 4 of these Rules, i.e., existing nurses who conform to the requirements of the council pay a fee of £1. 1. 0.

The General Nursing Council for England and Wales will be indebted to you if you will be good enough, through the mediums of *The Canadian Nurse*, to place these facts before the nurses of Canada.

A nurse who desires to have her name placed upon this register should write for an application form to the Registrar, General Nursing Council for England and Wales, 12 York Gate, Regent's Park, London, N.W. 1, England.

Similar Acts for the Registration of Nurses have been passed

in Scotland and Ireland concerning which information may be obtained:

In Scotland—From the Registrar, General Nursing Council for Scotland, 13 Melville Street, Edinburgh.

In Ireland—From the Registrar, General Nursing Council for Ireland, 33 St. Stephen's Green, Dublin.

I am, dear madam,

Yours faithfully,

M. S. RIDDELL,
Registrar.

C. A. M. C. Nursing Service Department.

"Woman's Day" Luncheon

As the Toronto *Evening Telegram*, of September 1st, aptly expresses, "only second to the moving scenes that have marked the public's 'Well done' to our soldiers was the scene which was witnessed at the annual Woman's Day luncheon at the exhibition to-day." For at it, Canada's overseas nurses were given the thanks of their nation in the presence of women (200) representing Canadian women from coast to coast. Miss Margaret C. Macdonald, M.R.R.C., Matron-in-Chief, C.A.M.C. Nursing Service, was guest of honour, and with her in places of honour were five matrons and twenty nursing sisters from Toronto and the immediate vicinity. At the head table were also the President of the Canadian National Exhibition and Mrs. Fleming, Mrs. Drury, the wife of the Honourable Premier Drury; Miss Rebecca Church, sister of His Worship Mayor Church; Mrs. Arthur Van Koughnet, Honorary Superintendent Soldiers' Comforts Branch, D.S.C.R.; Colonel Noel Marshall, C.M.G., of the Canadian Red Cross Society, and the representatives of many other patriotic organizations. At the conclusion of the luncheon President Fleming welcomed the day's guests and expressed his consciousness of his privilege in presenting the address of the Canadian National Exhibtion's voicing of the admiration of the people of

Canada. He was also glad that public tribute was to be expressed through a branch of the Dominion Government, the D.S.C.R.

President Fleming read a copy of the exhibition's tribute, and presented the charmingly framed illuminated address. A second was presented by the Honorary Superintendent, on behalf of the Soldiers' Comforts Branch of the D.S.C.R. Mrs. Van Koughnet then read messages from Their Excellencies Lord and Lady Byng, H.R.H. the Duke of Connaught and the Duke of Devonshire. As it would have occupied an entire day to read the hundreds of letters representing thousands of men and women from England, Canada, Geneva, Newfoundland and the United States, these messages were presented in a miniature hospital cot made by a returned soldier and tied with tri-colour ribbons.

The nurses present at the luncheon will not soon forget its touching and impressive character. The circumstance that the heart of a nation "Remember how" and expresses gratitude, three years after the proclamation of peace, is the highest tribute of all.

The response to the addresses and the kindly messages received will be published in these columns as space permits. At her request and in order that everyone may receive a copy of the illuminated address, a list of all members of the service has been forwarded to the Honorary Superintendent, Soldiers' Comforts Branch, D.S.C.R., Toronto. Acknowledgment of same should be made to Mrs. Van Koughnet, to whom much is owing for her kindly interest and unceasing thought in their regard.

Addresses of Tribute and Honour to the Nurisng Sisters of the Canadian Expeditionary Forces

Canadian National Exhibition

Miss Margaret Macdonald, Matron-in-Chief:—

The President and Directors of the Canadian National Exhibtion, in honouring you to-day, and through you, the nursing sisters of the Canadian Expeditionary Forces, feel that this is a fitting place in which to pay tribute to the women who so self-sacrificingly gave their best efforts during the Great War.

In these exhibition grounds valorous forces of men were trained—soldiers of whom Canada is justly proud—among them many cared for by the nursing sisters and many who paid the supreme sacrifice for liberty and civilization.

When the call to duty sounded throughout the Empire, nursing

sisters from all parts of the Dominion were quickly responsive, and patriotically ready to give aid in the hour of need.

From the time the first Canadian contingent, the greatest Armada that ever crossed the seas, sailed for England until the present date, the services so faithfully given by the nursing sisters would be difficult to over-estimate.

The unselfish devotion to men wounded in conflict during the clash and passion of war has earned for you the high opinion and lasting regard of a grateful nation.

Canadians played a glorious part in the war with duty done fearlessly and well, and as a nation we will not cease to mourn for those men and women who courageously gave their lives for the freedom of the world.

Their example will be an inspiration to the rising generations to recognize that Canadian citizenship within the British Empire is a great and precious possession.

We desire to extend to you, and to those who were associated with you, our earnest good wishes that happiness and success may be yours, and that the future may carry with it the blessings of health for you all.

THE BOARD OF MANAGEMENT,
TORONTO EXHIBITION.

September, 1st, 1921.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT,
SOLDIERS' COMFORTS BRANCH FOR CANADA.

Toronto, Ontario,
September 2nd, 1921.

Miss Margaret Macdonald, Matron-in-Chief:—

On behalf of patriotic women throughout Canada, the Soldiers' Comforts Branch of the Department of Soldiers' Civil Re-establishment desires most earnestly to do honour and pay national tribute to the nursing sisters of the Canadian Expeditionary Force.

From August, 1914, and during the years when the shadow of war lay heavily on the British Empire, the active and heroic services of the nursing sisters own for them the admiration and esteem of the people of this Dominion.

Men and women throughout Canada rejoiced at the whole-hearted response to the call of duty made by each of the nursing sisters who volunteered for service. A nation's prayers went with them for health and safety, and later, heart-felt gratitude was expressed for their record of unselfish endurance under strain; their spirit and courage in crisis; their

fortitude and self-possession in danger.

During the tumult of war, while the marquees were being riddled with machine-gun bullets, the houses practically falling upon the inmates, the steadfast devotion given to duty by you all was an inspiration to womanhood the world over.

Canadian citizens profoundly deplore the loss of those sisters who gave their lives, either on land or water, for the sacred cause of freedom. Their courage is in keeping with the most inspiring traditions of the British army and navy. In paying tribute to the memory of the fourteen nursing sisters who perished on the Llandovery, while the people of this Dominion shrink from the utter blackness of the enemy outrage on this Institution of Mercy, they are proudly conscious of the supreme devotion and valiant sacrifices made by these sisters who had been on active duty since the outbreak of war and for two years endured the hazards of the shelled areas in France.

With the fulfillment of peace and the memory of the part so nobly taken by the nursing sisters in the Great War, to whom we pay honour to-day, Canada extends in the accompanying letters and telegrams the thanks of a nation.

(Signed) GERTRUDE VAN KOUGHNET,
Honorary Superintendent.

ANNOUNCEMENT

Canadian National Association of Trained Nurses' Scholarship

The successful applicant for the scholarship given this year by the Canadian National Association of Trained Nurses, which is of the value of $500.00, and which is only given if the applicant wished to take the course at McGill University, Montreal, is Miss Jean Wilson, R.N. Miss Wilson is known to many nurses throughout Canada, is a graduate of the Lady Stanley Training School in connection with the County of Carlton General Protestant Hospital, Ottawa, and was one of the charter members of the Registered Nurses' Association of Saskatchewan, in which association she was secretary for several years. Miss Wilson has held several executive positions, and her position as Lady Superintendent of the Moose Jaw General Hospital, Moose Jaw, Sask., was only given up because of illness. Miss Wilson intends taking the Executive course at McGill, and the members of the C.N.A.T.N. wish her all kinds of success.

McGill University was selected by the C.N.A.T.N., at their Convention in Fort William, 1920, because it was the first university to give a full year's post-graduate course to nurses.

Hospitals and Nurses

ONTARIO.

St. Catharines.

It is with deep regret that the Alumnae announces the resignation of Miss Merle MacCormack, who was Assistant Superintendent of the General and Marine Hospital, St. Catharines, for seven years. On the evening of her departure for California, the members of the A.A. presented her with a purse of money, the doctors presenting her with an illuminated address and a purse of gold. The hospital staff and pupil-nurses also gave her a solid leather suit case.

Miss Norma Grenville took the summer school course for nurses at the Toronto University during July and August. She is now taking up the work of a school nurse in the town and township of Thorold, Ont.

Miss Merle MacCormack, Miss Vera Brebner and Miss Annie Gfansmore left for California on September 7th.

Chatham.

The seventh annual meeting of the Alumnae Association was held in the Recreation Hall, in St. Joseph's Hospital, Chatham, Ontario, on June 29th—a day full of interest from morn' till eve

During the morning session Miss Mary Irene Foy, Toronto, Secretary-Treasurer of the G.N.A. of Ontario, addressed the associates assembled from various places, giving special emphasis to public health nursing. The speaker's zeal and enthusiasm for the nursing profession awakened a ready response from each graduate, and Miss Foy's visit will long be remembered by the Alumnae.

The election of officers followed, after which all repaired to the artistically decorated dining-hall, where a dainty and delicious luncheon was served by winsome pupil-nurses, solely desirous to please each and every one of the honoured guests.

In the afternoon, with the Alumnae of the Public General Hospital as guests, all in touring cars, were conveyed to Government park, where a very successful picnic finished the happy day.

* * * *

QUEBEC

Jeffery Hale's Hospital.

Our congratulations are extended to the following nurses who, at the June board meeting, were presented with their pins and diplomas, by Mr. J. Hamilton in the absence of the President: Misses Jennie Kennedy, Annie Murphy, May Karran, Marion Gardyne, Eva Armour, Laura Sleeth and Mabel McRae. Mr. Hamilton, in a brief address, wished the nurses all success and assured them that their Alma Mater would always take the greatest interest in their future work.

Miss Dorothy Ford has accepted a position in one of the New York hospitals.

Miss Gladys Hartley is again on duty at the Lachine General Hospital, after her recent illness.

Miss S. Van Sternberg has been appointed nursing sister with the U.S. Navy, and sails for Cuba shortly.

Miss F. Ascah has resigned her position in the Canora hospital, Canora, Sask., and is visiting her home in Gaspe.

Montreal.

Miss Velma MacMillan (R.V.H., 1917), recently in charge of Ward E, expects to spend the winter at her home in Sydney, N.S.

Miss Margaret Beamish (R.V.H., 1918), who has been for several years in charge of Ward G, has given up her position and is at present at her home in Belleville, Ont.

Mrs. Eric Paice (Miss Aileen Pomeroy, R.V.H., 1916), is at present supplying for Miss Anita Ross in the Hydrotheropy and Electrical Department of the Ross Memorial. Miss Ross, who was operated on for appendicitis, is visiting friends in Ontario.

Miss Beatrice Watson (R.V.H., 1920), has recently gone to New York. Miss Watson intends spending the winter in California.

Among the year's graduates who are remaining to take hospital positions are Miss Helen Rogers and Miss Jessie Pangsom, in the operating departments, and Miss Florence Bigelow in the out-door department.

Miss Wilson has taken the position of Night Superintendent in the R.V.H. She has been for some time in charge of Ward D.

Dr. and Mrs. Roy MacDonald (Miss Jo MacArthur, R.V.H., 1917), have left Toronto, and are at present living in Quebec City.

Miss Stella Orr (R.V.H., 1917), has given up her position at the R.V.H., and is at present in Boston, Mass., where she expects to remain during the winter.

BRITISH COLUMBIA

Victoria

The Graduate Nurses' Association of Victoria, held their first meeting after the summer holidays on Tuesday, September 6th. Business was transacted and plans made for the winter.

On Saturday, September 10th, the G.N.A. of B.C. held their quarterly meeting at the P. R. Jubilee Hospital. Miss Breeze gave a most interesting report of the Quebec convention. It was rather disappointing to the association to find that only two members had applied for the B.C. Association Scholarship — Miss Campbell, Vancouver; Miss Stewart, New Westminster. Miss Campbell won by a majority of three votes. Our best wishes follow her to Toronto University, where she will take a course in Public Health. After the meeting refreshments were served by the V.G.N.A., in the rest room, Nurses' Home, Jubilee Hospital.

The foundation for the new memorial wing to the Jubilee Hospital is almost completed.

Miss Kathleen Little left Victoria, September 15th, on the Empress of Russia, C.P.O.S., for Shanghai, where, on October 3rd, her marriage to Mr. Ronald Gillespie is to take place. They will reside at Harbin. Miss Little served overseas as nursing sister. Her many friends join in wishing her every happiness.

Don't try to be happy.—Happiness is a shy nymph, and if you chase her, you will never catch her; but just go quietly on in the way of duty and she will come to you.—Eliphalet Nott.

A sneer is the weapon of the weak. Like other weapons of the devil, it is always cunningly ready to our hand, and there is more poison in the handle than the point.—J. R. Lovell.

Who can refute a sneer? It is independent of proof, reason, argument, or sense, and may as well be used against facts and truth as against falsehood.—C. Simmons.

Malice and hatred are very fretting, and make our minds sore and uneasy.—Tillotson.

In jealousy there is more of self-love than love to another.—Rochefoucauld.

A jealous man always finds more than he looks for.—Mlle. Scudery.

BIRTHS

FRANK—At St. Joseph's Hospital, Sudbury, Ont., May, 1921, to Mr. and Mrs. J. B. Frank (Miss Violet Pomfrey, R.J.H., 1918, Toronto), a son.

CAMERON—At the House of Providence, Antigonish, N.S., July 8th, 1921, to Mr. and Mrs. John McK. Cameron (M. H. Dickson, J.H.H., Quebec, 1910), a daughter.

NICHOLS—To Mr. and Mrs. L. A. Nichols, on April 27th, 1921 (Ida Norton, Class 1916, St. Joseph's Hospital, Chatham, Ontario), a daughter.

JOHNSTON—To Mr. and Mrs. Roy Johnston (Pearl Blonde, Class 1915, St. Joseph's Hospital, Chatham, Ontario), a son.

LEWIS—To Mr. and Mrs. Lewis (nee Carrie Humphries), of Kindersley, Saskatchewan, a daughter.

ANDERSON—At the Montreal Maternity Hospital, August 7th, 1921, to Dr. and Mrs. Geo. Anderson, a daughter—Joan. Mrs. Anderson was Miss Blanche Crowdall (R.V.H., 1918).

MARRIAGES

YOUNG-MACLEOD—At Soctsburn, N.S., Monday, September 5th, 1921, Christine Dey MacLeod (R.V.H., 1917), to Mr. William R. Young. Mr. and Mrs. Young are living in Halifax.

FLOYD-KIRKPATRICK — At Shukenacadie, N.S., September 13th, 1921, Miss Mary Kirkpatrick (R.V.H., 1920), to Mr. Geo. Floyd. Mr. and Mrs. Floyd will make their home in Toronto.

SINCLAIR-PORLEE—At St. John, N.B., September 13th, 1921. Miss Greta Porlee (R.V.H., 1920), to Mr. Murray Sinclair.

BUCKLEY-MACPHERSON—At Kelowna, B.C., on August 30th, 1921, by Rev. Father Verbeke, Mary A. MacPherson, R.N., graduate of St. Paul's Hospital, class 1912, to Donald J. Buckley, of Coalmont, B.C. Both formerly of Chatham, N.B.

CATT-CAHILL—On September 8th, 1921, at St. George's Church, St. Catharines, Winnifred Cahill, graduate of the Mack Training School, to Frederick Catt, of St. Catharines, Ont.

THOMPSON-MORNINGSTAR—At Toronto, June 15th, 1921, Miss Lillian Mae Morningstar (R.V.H., Toronto, 1917), to Dr. Henry Walter Thompson, Toronto.

WEATHERBEE-SCHOALES—At. St. Paul's Anglican Church, Toronto, Ont., June 20th, 1921, Miss Frances Marion Schoales (R.V.H., Toronto, 1915), to Mr. Roy Weatherbee, Toronto.

DEATHS

DUNN — At St. Joseph's Hospital, Chatham, Ontario, June 29th, 1921, Miss Annie Dunn (class 1898), St. Joseph's Hospital, Chatham, Ontario). The sympathy of the Hospital Alumnae is extended to the bereaved family.

The New Zealand Education Department is arranging a two-year dental course for nurses in teeth extraction and filling; the salary offered to those trained is greater than the usual salary of nurses.

In New Zealand there is now a State Department of Health, with a nursing division under a nurse-director. Hospital Boards have the power to give scholarships to nurses and to allot pensions, and the Governor-General has power to protect hospital nurses in the matter of accommodation, of duty, and working conditions generally. The age for registration is 21 and probationers may begin training at 18. Training may be taken in one or more hospitals. Masseuses also have state registration.

Gassing the Gassed

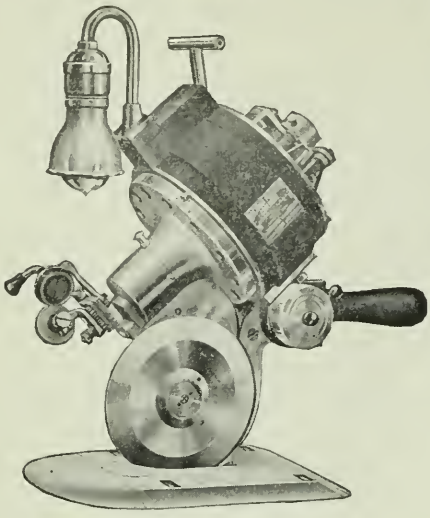
A "hair of the dog that bit them" is administered to patients suffering from the poison gases of the war, by Dr. Arnold, a Paris physician, who treats them with antitoxic gas in his clinic at Auteuil, in that city. Describing his method of treatment for gassed men, Dr. Arnold says:

"It is very simple. Having proved the failure of remedies conveyed by way of the blood, I had recourse to a system of inhalation, that is, the penetration of the bronchial system with a vaporized bacteria-killing medicament. But the gas thus vaporized must be applied with a certain pressure in order to penetrate and impregnate those parts of the lungs affected by poisonous gas. In short, these gases are of balsamic bactericide composition. Brought to a high temperature in the machines shown in one of the photographs, the balsamic products for saturating the lungs become volatile and mix with steam, by means of which they are carried into the system. Thus, where poison gas has ravaged the tissues, antitoxic gas is infused, and spreads slowly over the wounds and heals them. In short, one adopts the German method, but this time in order to cure its terrible effects. I have not had a single case of gassing that has resisted the treatment. Out of a hundred patients I have cured a hundred. From the gas-producing apparatus the gas is conveyed by pipes to the room where the patients are treated, and they inhale it from a tube protruding through a partition wall. While they are doing so, one of the medical staff listens to the action of the lungs, with his ear against the patient's back, and is thus able to gage the progress of recovery."

Mr. Peytavi-Faugères writes further to *The News*:

"The attention of the French public has been more and more attracted by the fine humanitarian work undertaken by Dr. Arnold, whose clinic is situated in the Rue Erlanger. Moved with pity for the soldiers gassed in the war, who, for want of adequate treatment, died by hundreds every day, he sought a remedy for those unfortunate men who still cling to life, to enable them to recover health and vigor. Relying entirely on his own resources—necessarily very limited when one remembers that there are still nearly two hundred thousand gassed men in France—Dr. Arnold applies his methods with most consoling results. There is not a single gassed man who has entered his doors that has not left them completely cured. . . . One can only hope that his system, equally applicable to tuberculosis, will come increasingly into common use."—*Literary Digest.*

The Eastman Electric Cutting Machine



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The blade is sharpened automatically.

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It eliminates the painful and arduous work of hand-cutting. The production of one machine is equal to the output of eight experienced persons with hand shears.

It enables institutions to prepare their own bandages and dressings, and frees them from delays incident to outside supply.

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Remuneration Thirty Dollars ($30.00) per month and uniform. Lodging, board and Laundry free. For further information, apply to

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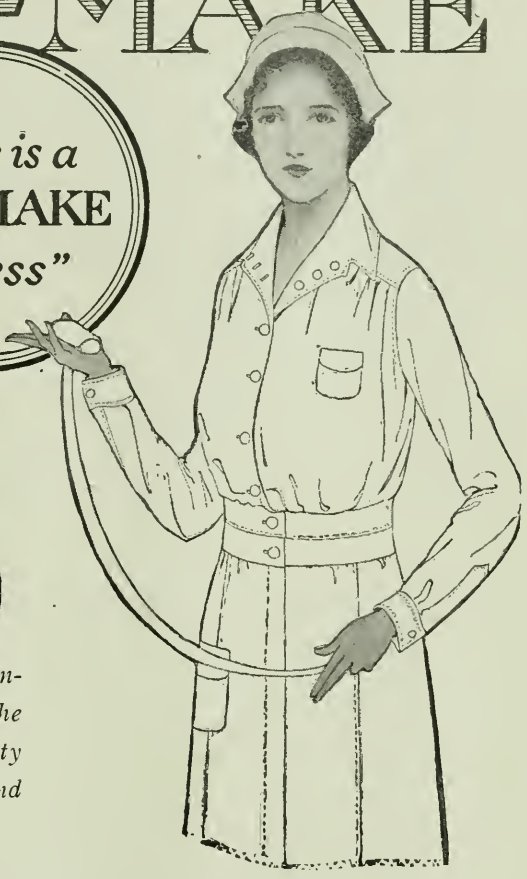

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The next class will enter April 1, 1921. For information, apply to the Supervising Nurse, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pa.

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Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanitariums in the city), a splendid opportunity to become acquainted and established in their profession. Address, 106 West 61st Street, New York City. Phone: Columbus 7780-7781.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you—The Canadian Nurse, 302 Fifteenth Avenue, East Burnaby, B. C.

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Graduate Nurses for Private and Hospital duty. Apply, Home for Nurses, 8 West 93rd Street, New York City, N.Y.

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THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President—Miss Murdoch, G.P.H., St. John; 1st Vice-President, Miss L. Belding, St. John; 2nd Vice-President, Miss Elizabeth Sanson, Fredericton; 3rd Vice-President, Miss MacMasters, Moncton; 4th Vice-President, Miss E. Keys, Newcastle; 5th Vice-President, Miss A. Branscombe, St. Stephen; Treasurer, Miss E. J. Mitchell, G.P.H., St. John, N.B.; Recording Secretary, Mrs. L. R. Dunlop, St. John; Corresponding Secretary, Miss Martha Fraser, 26 Meadow Street, St. John; Provincial Registrar, Miss A. Whyte, Doaktown, N.B.; Public Health Correspondent, Miss Sarah Brophy, Fairville, N.B.; Miss Martha Hoyt, St. John; Canadian Nurse Correspondent, Miss Eva Craig, G.P.H., St. John. Regular Monthly Meeting of Executive, 2nd Monday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Hon. President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Mrs. A. Chisholm, 26 Lorne Avenue; Vice-President, Miss H. A. I. Wyman, 305 MacKay Street; Secretary-Treasurer, Miss J. E. Smithers, Women's Hospital.

Conveners of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman; Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss J. Giffen, Lady Supt., C. M. H.; President, Miss M. Wight, C. M. H.; Vice-President, Miss C. MacDonald; Treasurer, Mrs. Walcott, 47 Notre Dame St., Lachine; Secretary, Miss E. G. Alexander, C. M. A.

Board of Directors—Miss Stafford, Miss M. Armour.

"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p. m.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Hon. President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording Secretary, Mrs. E. Roberts, 438 Mount Stephen Avenue, Westmount, Que.; Corresponding Secretary, Miss M. A. Prescott; Treasurer, Miss Margaret Etter; Treasurer Pension Fund, Miss Milla Maclellan.

Executive Committee—Miss Hersey, Miss A. M. Hall, Mrs. H. A. Clark, Mrs. Stanley, Miss F. V. MacMillan, Miss Eden Leys.

Programme Committee—Miss Katherine Davidson.

Representative to "Canadian Nurse"—Miss Helen P. Rice.

Representatives to Local Council—Mrs. H. T. Lyons, Mrs. A. B. Finnie.

Sick Visiting Committee—Mrs. M. S. Bremner, Convener, 225 Pine Avenue, West; phone, Up3861.

Regular Meeting—Second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig, Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

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Regular Monthly Meeting—First Thursday at 8 p.m.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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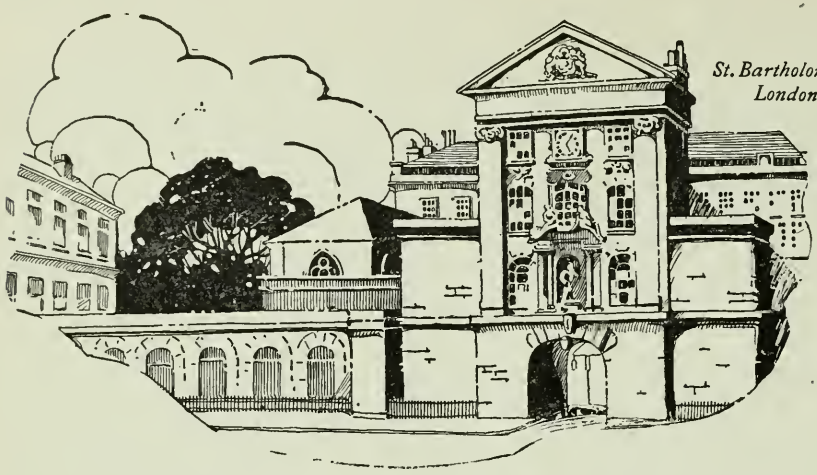
Regular Meeting—First Tuesday, 4 p.m.



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DEPARTMENT OF PUBLIC HEALTH NURSING
UNIVERSITY OF TORONTO

Vol. XVII. No. 11

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

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	Page
The Toronto Graduate Nurses' Club	679
Report of Hospital Library and Service Bureau	680
Editorial	684
News from the Medical World	685
Public Health Nursing Department	687
A Report of a Child Health Conference at a Public Nursing Service Station in Manitoba	688
Private Duty Nursing Department	689
Department of Nursing Education—	
Report of the Fourteenth Annual Convention of the Canadian Association of Nursing Education	691
The Passing of Miss Stanley. (A Tribute).	700
The World's Pulse	701
C. A. M. C. Nursing Service Department	703
Hospitals and Nurses	710

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Toronto Graduate Nurses' Club

This Club, as possibly all Ontario nurses know, has been in existence for about nine years. It had its beginning in 1907, when a number of graduate nurses cherished the hope of having such a club and home, so set about to form an organization to raise funds to furnish and equip a suitable house for this purpose.

They worked, hand in hand, enlisting the sympathy and co-operation of many nurses and other friends, who are still warm supporters of the club.

In the year 1912, the late Mr. John Ross Robertson, the beloved friend and benefactor of nurses, came to their assistance, and provided the present building, completely furnished, and rent free for two years. This is the very home-like club house at 295 Sherbourne Street, of which every nurse throughout Ontario may well be proud. It is splendidly situated, convenient to the business section of the city, yet offers a quiet, restful home for nurses in need of a change from the arduous life.

It also offers ideal conditions for rest and convalescence from ill-

ness—recreation, tennis, or motoring, a trip across the lake or to the islands, or to one of the many points of interest in the country round about, which are within short distance of Toronto.

The privileges of the club house are extended to all nurses in good standing in their profession, and any member may introduce as a visitor a friend not a member under prescribed conditions. Ladies may entertain their men friends at luncheon, afternoon tea, or informal dinner dance. This privilege is much appreciated by those who have no home in town. The different nursing organizations are privileged to hold their meetings in the large and attractively furnished board-room.

The membership fee is the most modest of any women's club on the continent to-day, and is, therefore, within reach of every nurse in whatsoever capacity she labors. The management and service is unsurpassed. The club is especially glad to entertain parties or groups of members.

The underlying thought of this short sketch is that the superintendents of nurses should bring the objects of the club to the attention of senior nurses on their graduation, the need of their support of this club, the only one of its kind in Ontario, and to heartily urge them to help carry on the work of financing it by becoming members and accepting its privileges and hospitality.

Those who have worked so untiringly since its inception will feel amply repaid and will welcome them whole-heartedly into their membership. It is for no group or class—but for all.

Applications can be had from the secretary, addressed to the Club House, 295 Sherbourne Street, Toronto, Ont.

Report of Hospital Library and Service Bureau

By Donelda R. Hamlin, Director, Chicago.

Read before the semi-annual meeting of the American Conference on Hospital Service, September 15th, 1921, West Baden, Ind.

The report of the work of the Hospital Library and Service Bureau being quite lengthy, it has been printed in leaflet form, together with the outline of material being collected. Copies of the complete report may be procured from the Library. Only a summary of the report will here be given as an indication of our scope.

One hundred and seventy-eight people, representing twenty-one states, three provinces of Canada, the Philippine Islands, England, Switzerland, and Belgium, have called at the Library during the past year. Many of these people have come for information on more than one occasion, so that the total number of visitors is well over two hundred and twenty-five.

Inquiries by mail have been received from thirty-five states, from Canada, South Africa, New Zealand, Malta, China, Philippine Islands,

and Belgium. These inquiries have covered a wide range of subjects.

Indexing of the three hospital magazines is well under way. A complete author, subject, and title index, has been prepared for *Hospital Progress*. To date twelve issues of *Hospital Management* and of *The Modern Hospital* have been similarly indexed. That the most recent data from these journals may be immediately available, indexing has started with the current issue, working backward to the first number. As time permits, a careful analytical index will be made of articles appearing in the paragraphs of the various articles.

Over seven hundred books, and twelve hundred pamphlets of such subjects as hospital construction, administration, dispensaries, public health, hygiene and sanitation, social service, nursing, dietetics, child welfare, occupational therapy, and subjects of like nature, of interest to hospital superintendents and their department heads, have been received.

Bibliographies on thirty-two subjects have been prepared.

An exhibit similar to the one prepared for the American Hospital Association here was prepared and shown at the annual meeting of the Catholic Association of the United States and Canada.

Information as to the hospital work of architects through the United States and Canada has been obtained and is now available. This information is in the form of a card list which gives the name and address of the architect and a list of the hospitals he has planned. Plans of three hundred and nineteen hospitals, dispensaries, nurses' homes, sanitariums, and allied institutions, have been collected.

A number of hospital architects, accompanied by members of building committees and hospital superintendents, have met at the Library so that they might have access to material on file during their discussions.

Three local hospital associations have regularly held their monthly meetings at the Library—the Illinois Society of Occupational Therapists, the Chicago Society of Anaesthetists and the Chicago Dietetic Association.

Information has been procured from national associations dealing with the various phases of hospital and public health, as to the history of their organization, purpose and scope, personnel, requirements for membership and reports and transactions. Close contact with such organizations has prevented a duplication of their work and has resulted in close co-operation with the Library.

Information is now on file as to institutions giving special courses in social service, anaesthesia, public health nursing, occuptational therapy, physiotherapy, laboratory technique, etc.

A complete list of the hospitals, sanitariums, and allied institutions of the United States has been arranged by type of service, so that information as to the various types is now available.

Package libraries on a variety of subjects have been prepared. These package libraries have proved to be one of the most attractive and help-

ful features of the work. They were intended primarily for persons in rural communities who do not have access to hospital journals, libraries, and other sources of information, but a considerable number have also been furnished to hospital workers in large cities who appreciate receiving information in so convenient a form. As an illustration of what these package libraries contain, one, on the subject of community hospitals, is made up of articles clipped from the various hospital journals on the preliminary organization and planning of community hospitals, articles describing general hospitals of approximately the same size as the hospital contemplated, a copy of a constitution and by-laws for a community hospital, a set of record forms suitable for a small hospital, pamphlets, reports, and other printed matter showing how other communities have organized and operated their institutions, and a reference list of such additional material in magazine or book-form as cannot be sent out of the Library. This material is not sold nor given away, but is loaned for a period of three weeks, at the end of which time it is returned to the Library, so that it may be sent to other persons interested. Although this service was only started some three months' ago, the demand for it has grown so rapidly that the material is in constant circulation.

A few words in regard to what the Hospital Library and Service Bureau is and how it functions. Both at the Library and at the Convention I have been repeatedly asked the following questions:

(1) What is the Hospital Library and Service Bureau? It is a clearing house for information on all phases of hospital construction, equipment, and administration. It serves through giving information, not advice. If the information requested is not available, every attempt is made to procure it or to refer the inquiry to the proper source.

(2) Whom does the Library serve? The Hospital Library and Service Bureau was organized for the specific purpose of serving, gratuitously, persons actually engaged in the hospital and public health field. It, so far as possible, refrains from the duplication of work of other existing agencies. A number of people have asked if it is only the members of certain associations who have access to the Library. It should be clearly understood that anyone who is in hospital or public health work may avail themselves of the services of the Library irrespective of any connection other than hospital.

(3) With what association is it affiliated? It is under the direction and a part of the American Conference on Hospital Service. It is not directly connected with any other national organization, although, since the Conference is made up of fifteen national hosiptal, medical, surgical, social service, dietetic, and public health associations, we are working in very close harmony with each of these groups.

(4) How is the Library financed? It is supported by contributions from associations and individuals interested in this work, aided by a very substantial contribution from the Rockefeller Foundation.

(5) What is the nature of the material which is being collected by the Library, and how is this material available to hospital workers. The material, as indicated in the summary of the report, is in the form of books, journals, reprints, clippings, plans, specifications, record forms, reports, and material of like nature. If you will refer to the Outline of Material Being Collected, you will see that this material is classified into three groups:

The material of interest to persons engaged in the preliminary work incident to the establishment of hospitals, such as financing, publicity campaigns, articles of incorporation, constitution and by-laws, methods of community organization, etc.

The second group is of service to persons who have completed the preliminary arrangements for their hospital, know approximately what type of hospital they wish to build, and what funds are available for that purpose. They are therefore interested in the construction of hospitals. The material of most interest to them is the material on hospitals most similar in size and type to the one contemplated—material on mechanical equipment, sewage disposal, floor plans and specifications, and lists of architects.

The third group of material is devoted to the hospital after it has been constructed and is in operation. It includes material on such subjects as staff organization, by-laws, rules for internes and resident physicians, record forms, laboratory organization and equipment, charges for service, purchasing, dispensaries, accounting, etc.

As an example of the inquiries received—the superintendent of a hospital asks for information as to how other hospitals succeed in obtaining consent to perform autopsies. The superintendent of the training school asks for information as to how other schools of nursing have affiliated with universities. The dietitian perhaps wants a list of articles on basal metabolism. The laboratory technician asks for information as to where he can take a post-graduate course. The anaesthetist desires information as to the laws governing the administration of anaesthesia. The record-keeper desires information in regard to the various medical nomenclatures. The librarian of the hospital asks for a bibliography on occupational therapy, etc., etc.

As indicated in the report, a great many of the hospitals in the United States and Canada have eagerly availed themselves of our service. Of necessity our material and possibilities of serving develop with the increased use of the Library. It is hoped that, as our work becomes more widely known, all of the hospitals may realize fully the possibilities of our work, and may take advantage of the vast quantity of information which is constantly being compiled for their benefit.

In conclusion, I would like to say that the staff of the Library consists of six people, all of whom are working in your interests and who are both willing and eager to be of service to you.

Editorial

All Canadian nurses, and particularly those who are graduates of schools in Great Britain and Ireland, will rejoice that the English, Scotch and Irish Registers are now open for applicants wishing the right to become Registered Nurses in these countries. Full information was given in the October issue of this magazine to those who wish to have their names on that register, which is a voucher to them of their standing in the profession, so far as their having been trained in an accredited training school is concerned.

The graduate to-day is learning rapidly to realize that registration does protect her as well as the public, and is a guarantee that she has completed her course in a recognized school and is a graduate in good standing. Applications for reciprocal certificates without examination are becoming very common in those provinces where there is registration, and show the need of having it universal throughout Canada, and finally, we hope, before many years, a standard registration law for the whole Dominion may be enacted which will standardize the requirements and in that way will have a like effect on the training schools of Canada.

* * * *

In another part of the current issue of the magazine is found a short description and a history of the Toronto Graduate Nurses' Club, 295 Sherbourne Street, Toronto, with an appeal for larger membership and more use of the facilities at hand there. Remembering several very happy visits to the club, the Editor would add her voice to those making the appeal. The nurse who goes there to stay for a longer or shorter period must be difficult to please if the kind attention, good food and comfortable rooms do not make her wish that the stay might be longer. Splendidly located, with good car service, a beautiful park just across the street, and the home-like surroundings, all tend to make it most delightful.

News from The Medical World

By Elizabeth Robinson Scovil.

The Placenta.

A German physician says that the last twenty years have almost revolutionized obstetrics. Among other things is the knowledge acquired that the placenta is a complex organ, modifying albumen and fats.

Diphtheria Antitoxin by Mouth.

A French medical journal states that experiments on fifteen children proved that 250 units of diphtheria antitoxin given by mouth or rectum for several successive days produced no effect.

Catheterization in Korea.

Catheterizing patients after operation is not generally practised in Korea. The patients are less nervous than those of the white races, they are allowed to move more freely in bed, and are given fluids to drink, and there is no arbitrary time set beyond which a patient must be catheterized if urination has not taken place. Inclination to void the urine is awaited even if twenty-four hours passes without its being done.

The Driving Wheel and Cold Fingers.

A correspondent of the Journal of the American Medical Association recommends sewing two pieces of fur, suitable length, to the rim of the steering wheel of an auto, where it is grasped in driving. It prevents cold fingers better than the warmest gloves without it. In summer the fur keeps the palms from becoming callous and renders gloves unnecessary.

Remunerating Patients.

Dr. Nelson H. Beemer, superintendent of the Ontario Hospital, at Mimico, recommends that mental patients should be remunerated for work done in the hospital. He thinks such a system would be educative, would increase production and diminish destruction.

Rest in Malnutrition.

A proper amount of rest in bed is considered of equal importance, with a suitable diet, in the case of children who are under weight and ill-nourished. The number of hours sleep which is necessary in the twenty-four hours is stated to be 13 for children from one to two years of age,

decreasing an hour every two years until, from ten to fourteen, a child sleeps nine full hours. Late hours are prejudical to the health of even normal children.

Silver Acetate for Eyes.

Following the accidental use of 10 per cent. solution of nitrate of silver, instead of 1 per cent., in the eyes of a new-born child, destroying the sight, the Budapest board of sanitation has ordered a 1 per cent. solution of acetate of silver to be used instead. The latter is not soluble in a higher percentage than 1 to 100. If this is equally efficacious, it seems as if it might be universally adopted.

Breathing Treatment.

A French Medical Journal advised the use of deep breathing exercises in cases of neurotoxic vomiting in the pregnant, or in the non-pregnant women. If the lungs are not filled, the blood is not properly oxygenated and toxic waste accumulates. Uncontrollable vomiting may result, which can be avoided if the whole surface of the lungs is used.

Sterilization of Catheters.

It is stated that elastic rubber catheters can be absolutely reliably sterilized with mercuric oxycyanid. The catheter is left for twenty-four hours in a mixture of 0.5 gm. mercuric oxycyanid, 50 gm. glycerin and 50 gm. distilled water. This mixture does not injure the catheter material, nor irritate the urethra, and the catheter does not need lubrication. A horizontal glass phial curved like the catheter, with two short legs at the bend to keep it from rolling, is used as a container and kept corked.

Yeast and Water Soluble B.

Yeast has been highly recommended as a rich source of the accessory food factor, known as water soluble B. Many common foods also contain this vitamin so, except in exceptional cases, its therapeutic value is easily exaggerated. It is stated that there is seven times as much of this tain this vitamin, so, except in exceptional cases, its therapeutic value is mon sense of mankind seems to have selected the foods that are conductive to the welfare of the body.

Medical Schools in Canada.

The Dominion of Canada has nine medical colleges, five of which require a six-year course, including physics, chemistry and biology.

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Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Sarah Fraser,
110 Crescent Street,
Montreal.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto, Ont.

Manitoba
Miss Elizabeth Jeffers,
Suite 11A, Justin Apts.,
Fleet and Doley Streets,
Winnipeg, Man.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West.
Vancouver.

NOVA SCOTIA

In presenting the syllabus for the course in Public Health Nursing at Dalhousie University, a few changes have been made.

An age limit has been put upon those registering for the course, and the standards of preliminary education have been raised. There has also been added a series of lectures on the "Conduct of Nutrition Classes." Those on "Psychology and Mental Hygiene" have been increased to 12, and we have made an addition of two lectures on "Recreation" which covers the organization of Boy Scouts and Girl Scouts, and Organized Play Grounds, as this seems most necessary that nurses working in rural districts should be able to guide the community in these activities.

It has just been announced at Dalhousie University that the next course in Public Health Nursing will begin October 25th. It will be remembered that in its beginning, this course in Public Health Nursing was made possible by the generosity of the Nova Scotia Red Cross in giving scholarships to fully trained nurses who were applicants. The

course will be continued by the University under the same admission requirements, namely, that those nurses registering have a good preliminary education and a good general hospital training, including maternity and care of children.

For this year the Red Cross Society, a few days ago, raised its Public Health Nursing scholarship grants from $200 to $350. The Victorian Order of Nurses, in July, determined to require all applicants for admission to the order to take a course offered in the various universities in Canada. They are offering scholarships of $400 for V.O.N. applicants.

The demand for public health nurses is increasing in every county of the province. Dalhousie University, in its desire to assist Nova Scotia, is giving the service of several professors in the University free of cost. The entire teaching corps engaged by the University for the conduct of this course are giving their time free, because of their interest in public health work.

A Report of a Child Health Conference at a Public Service Nursing Station in Manitoba

By Ellen Douglas, M.D.

On the request of the Provincial Board of Health, I visited Reynolds, on May 24th, to hold a Child Health Conference.

It proved a most interesting experience, as we had not only children, but adults, a total of seventy-four patients in all. Some of them walked eight miles through the bush to get to, what turned out to be really, a medical clinic.

The cottage which has been provided for the Public Service Nurse at Reynolds is all that can be desired. Only one who has visited there can form any idea of the tremendous influence that the nurse's cottage is as a community centre.

The clinic was scheduled to begin at 2 p.m., but by 10 a.m. the broad verandah of the cottage was half filled with waiting and expectant patients. The nurse in charge of the station is doing magnificent work, as truly missionary and self-sacrificing as that being done in foreign fields.

The people who came were interesting, all non-English. We had to make use of interpreters for both men and women patients, as the Polish and Ruthenian men were much too shy to explain their symptoms to a woman interpreter. Most of the women wore shawls over their heads, and one was as beautiful as a Madonna of the old masters.

The various conditions found among the adults included epilepsy, gastritis, severe anaemia, goitre and several pre-natal cases.

Chief defects amongst the children were enlarged tonsils, discharging ears, stomatitis, dermatitis, one child of twelve with goitre, and one of two and a-half years who is not able to speak.

Thirty-nine were vaccinated.

Since the clinic, one woman suffering from gastritis and goitre, whom I had advised special treatment for, has been sent in to the General Hospital.

Another more unsatisfactory case, as far as prognosis goes, is the case of epilepsy of eight years' standing, who was brought into the psychopathic department of the hospital. She will probably have to remain under medical supervision.

We had a very busy day, but one of the most satisfactory from a medical standpoint.

The isolated condition of many of these new Canadians, miles from any medical aid, is most appealing. There is wonderful material in these districts for work of a truly national character, and with the placing of a Public Service Nurse, with a broad sympathetic vision, the Red Cross Association and the Provincial Health Department are doing an invaluable service to our country.

Private Duty Nursing Department

To the Private Duty Nurses:—

"In a polite age, almost every person becomes a reader, and receives more instruction from the press than from the pulpit."

So said Goldsmith, and now that we, as private duty nurses, are to have a section of our own in the C.N.A.T.N., the privilege has also been accorded us of having our own pages in the magazine, where we, too, in some small way, may utilize, for our mutual improvement and advancement, the incalculable influence of the press.

Therefore, we are most earnestly hoping that every private duty nurse may consider it not only a pleasure but a duty to avail herself of this privilege, and make every endeavor to contribute either an article from her own pen, or from that of any other person whom she knows could contribute desirable matter for our paper.

The Private Duty Committee have drawn up an outline of work, which they hope to follow during the coming year, and, by way of profitable discussions for the magazine, it might not be amiss to enumerate here some of the subjects to which they hope to devote their attention and effort: (a) How to promote a better nursing service for the sick; (b) Nurse Education; (c) The provision of interesting and instructive matter for our magazine, and possible means of increasing its circulation; (d) Pensions for nurses; (e) Insurance for nurses; (f) A programme for the next C.N.A.T.N. convention; (g) More reasonable hours of labour for the private duty nurse; (h) Reasons for the shortage of nurses.

Every nurse has ideas on these subjects which would be helpful to all the rest of us, and which we greatly need, and would beg of her to put into expression in the pages of this paper. How often, too, in days gone by, have we searched eagerly through the pages of the magazine for records of interesting cases, descriptions of new treatments. etc., obtaining in the hospitals, and of especial interest to the nurse whose work lay largely outside of institutions, only to be disappointed?

The medical profession, too, I feel sure, would be most willing, on request, to contribute instructive matter to our pages.

We all know that the press is, in truth, the most powerful factor in moulding public opinion. De Quincy says, in speaking of the victories of the press, "Much has been accomplished; more than people are aware—so gradual has been the advance, How noiseless is the growth of corn! Watch it night and day for nine weeks, and you will never see it growing, but return after two months and you will find it all whitening for the harvest. Such, and so imperceptible in the stages of their motion, are the victories of the press."

Our privileges along these lines have been very sadly neglected heretofore. Let us all resolve that we private duty nurses will do our very utmost to uphold the hands of our editor (what editor can make a paper without material?) and to make our pages in the magazine as profitable and instructive and interesting as possible, not for ourselves only, but for others!

EDITH GASKELL,
National Convener, Private Duty Committee.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Report of Fourteenth Annual Convention of the Canadian Association of Nursing Education

Report of the convention of the Canadian Association of Nursing Education, held in Quebec on May 30th, 31st, and June 1st, 1921.

The opening session of the Fourteenth Annual Convention of the Canadian Association of Nursing Education was held in the Empire Room of the Chateau Frontenac on Monday, May 30th, at 8:00 p.m. The meeting was called to order by the President, Miss Fairley, who asked the Rev. Canon F. G. Scott to open the exercises with prayer.

On motion of Miss Dickson, seconded by Miss Randal, the minutes of the last convention were taken as read.

The President then addressed the meeting, surveying the year's work and referring to many things that, it is hoped, will be accomplished during the next year. This report will be found in the magazine, printed in full.

The Secretary read her report and moved its adoption, seconded by Miss De Laney.

The Treasurer's report, which showed a balance of $316.50, was read by the Treasurer, Miss Potts, and approved.

Reports of the standing committees were then read and adopted.

The report of the Nominating Committee was presented by Miss Martin.

The reports of the Programme Committee and the Committee on Arrangements, as shown by the printed programmes, were presented by the conveners, Miss Winslow and Miss Shaw, and were received with applause.

Miss Catton reported that the response of the members of the association to her appeal for material for the C.A.N.E. page was most gratifying, and expressed her appreciation to all who had helped in this way.

The Secretary read a letter which had been sent to the President by Miss Gunn, asking the association to consider the advisability of appointing representatives from this association to act on the National Committee, which she had been asked to convene by the National Council for Combating Venereal Diseases, in order to prepare material to be used in teaching venereal diseases to nurses and social workers.

After considerable discussion, it was decided to form a committee on venereal diseases and relative matters, with Miss Gunn as convener.

The question of the best method of appointing the members and the difficulty of choosing suitable persons was discussed, and it was decided to allow Miss Gunn to choose her own committee from the membership of the C.A.N.E., with representatives from each province.

On motion of Miss Potts, seconded by Miss Gray, the report of the Educational Publicity Committee was left until after Miss Plumptre had given her paper, entitled "Is there a Shortage of Nurses?"

In the absence of Miss F. E. Brown, of the Public Health Department, Toronto, her paper, entitled "The Role of the Nurse in the Campaign against Venereal Diseases," was read by Miss Emory. This paper pointed out the prevalence of these diseases, as revealed in statistics, and the great need of knowledge of the nature and treatment of them. Many helpful suggestions were offered regarding the presentation of the subject and the use of clinics for teaching purposes. Much interested discussion followed, in which different principals of training schools and instructors gave their methods and experiences in teaching venereal diseases to their classes.

As Miss Estella Kribs, Dietitian of the Protestant General Hospital, Ottawa, was not able to be present, her paper, entitled "A Survey of Dietetic Courses and Diet Kitchen Routine for Nurses, as given in some of the larger Hospitals, with suggested outlined plan for smaller Hospitals," was read by Miss Jean Wilson. This paper, which will be presented in the magazine later, covered the subject very fully and offered many valuable suggestions.

Miss Dickson then stated that, with the consent of her seconder, she was withdrawing her resolution to make the Canadian Association of Nursing Education a section of the Canadian National Association of Trained Nurses, as, according to the constitution, sufficient notice of the proposed change had not been given to the members.

Conveners of the following committees were appointed: — Press and Publication Committee, Miss Hersey; Resolutions Committee, Miss Craig.

The meeting then adjourned.

Morning Session, Tuesday, May 31st.

After the meeting was called to order by the President, at 9 a.m., the minutes of the last meeting were read and approved.

A short paper by Miss Gunn, which was intended to open the discussion on Miss Browne's paper, "The Role of the Nurse in a Campaign against Venereal Diseases," was read by Miss Matheson. This paper was a survey of training schools in regard to instruction given to nurses-in-training in venereal diseases, showing a great lack of uniformity in the schools where instruction is given, and the absence of any teaching in a number. (This report will appear in the magazine later).

The paper on "Hospital Administration as it Affects the Training Schools," given by Major Haywood, was exceedingly interesting and led to much discussion.

Reports on the Effect of Registration on Nursing Education in the different provinces were given as follows:—British Columbia, by Miss Randal; Alberta, by Miss McPhedran; Saskatchewan, by Miss Gray; Manitoba, by Miss Martin; Quebec, by Miss Philips; Ontario, by Miss Dickson and Miss Jameson.

The general opinion expressed was that registration had tended to raise the standards of all schools, particularly those of the very small ones, by means of providing affiliation with larger schools.

Considerable time was given to the discussion of training school committees and the advisability of establishing them. It was felt by most of the speakers that the training school committee, on which both the Superintendent of the Hospital and the Principal of the Training School had representation, was a great help to the Superintendent of Nurses, because it gave her an opportunity to express her opinion and to bring up for discussion and decision matters of importance in the best interests of the school.

"A Survey of the Courses of Instruction and Training now given in our Canadian Universities," was the title of a paper given by Miss Kathleen Russell, of the Department of Nursing in Toronto University. This paper, which will appear in the magazine at a later date, was exceedingly interesting and encouraging. The rapid strides made recently in university affiliation and the attitude taken by the universities toward nursing education is very gratifying and makes us hope for many good things in the future of nursing education.

Afternoon Session, May 31st.

The meeting was called to order by the President at 2:00 p.m.

The minutes of the last meeting were read and adopted.

A telegram from Miss Dyke, who was attending the Child Welfare Conference, Ottawa, stated that the executive of the Canadian National Council of Child Welfare was to revise the present membership on the following basis, which she feared might disqualify our association:—"One representative from each nationally organized body engaged in or actively interested in child welfare, also four from each provincial organization unifying child welfare agencies of the province." It also stated that Miss Breeze had been elected second vice-president. This announcement was received with applause.

Miss Mabel F. Gray, Superintendent of Nursing Housekeepers in Saskatchewan, presented a paper entitled "The Nursing Housekeeper in Training," and by doing so, opened discussion on a question that is at present very much in the minds of both the medical and the nursing professions, as well as of the people at large.

Particularly in the western provinces is the call for a greater amount of available nursing service very urgent. The demand will have to be met some way, and as the problem belongs primarily to the nursing profession, they should see to it that the solution of it should come from them. Miss Gray's paper will appear in the magazine later.

The question, "Is there a Shortage of Nurses?" was discussed by Miss Plumptre in a paper compiled from answers received in response to a questionnaire sent out to training schools enquiring into the nursing situation in the different schools. The conclusion reached was as follows:—"This survey was made with your co-operation, as a result of the request that the Canadian Red Cross Society should assist the National Nursing Associations in a campaign to recruit student nurses. While the results do not indicate a degree of shortage sufficient to justify action of a national character, yet in British Columbia, Manitoba, and Ontario, the needs of the situation are sufficient to justify provincial action, and the Provincial Divisions of the Red Cross have been advised of the results of the survey in order that they may be in a position to co-operate with their respective Provincial Graduate Nurses' Associations."

A vote of thanks was extended to Mrs. Plumptre for her assistance in this connection. The report will be printed in the magazine later.

The round table discussion on suggested text books for Canadian Training Schools for Nurses as a step towards uniformity in training was opened by Miss Catton, who presented a list of books most generally used in Canadian Schools for Nurses. After some discussion it was moved by Miss Russell, and seconded by Miss Nagle, that the resolution committee bring in a resolution regarding the formation of a committee to deal with the question of establishing some uniformity in the uses of text books in the Schools for Nurses in Canada.

The meeting then adjourned.

Evening Session, Tuesday, May 31st.

This meeting was in the form of a joint session with the Canadian National Association of Trained Nurses, and an account of it has been given in the report of the meetings of that Association.

Morning Session, June 1st.

The meeting was called to order by the President at 9 a.m., after which the minutes of the last meeting were read and approved.

Reports of the local chapters of the C.A.N.E. were presented as follows:—Manitoba Chapter, by Miss N. Martin, Winnipeg; Ottawa Chapter, by Miss Jean Wilson, Ottawa; Hamilton Chapter, by Miss Forde, Brantford; Toronto Chapter, by Miss F. J. Potts, Toronto.

The Ottawa and Hamilton Chapters have been formed this year in response to a feeling that the opportunity thus afforded to meet and discuss training school methods, nursing procedure, and any problem relating to the education of the nurse, did much to realize the objects of the association, the advancement of the educational standards of nursing, and the development and maintenance of the highest ideals of the nursing profession.

It was decided that, where two or more local chapters were formed within one province, the boundaries should be very elastic, depending largely upon railway connections, and the ease with which the members could meet together. This would be decided by the chapters themselves.

The round table discussions, left over from the previous afternoon, were as follows:

The "Re-arrangement of the third year with a view to granting to student nurses the privilege of electing special subjects," conducted by Miss M. L. McNeel, of the Children's Hospital, Winnipeg.

"Disciplining of Student Nurses for Infraction of Rules," conducted by Miss M. Hersey, Royal Victoria Hospital, Montreal.

"Nursing Ethics," conducted by Miss Eleanor McPhedran, Calgary.

The discussion on the subject of granting elective courses in the third year was opened by a paper written by Miss S. P. Johnson, of Brandon, and read by Miss McLeod. A lively discussion of all these subjects followed, and many valuable suggestions were made by the different training school officials as they gave their opinions and told their experiences and practices in connection with their own students.

Miss Nagle then demonstrated the use of the Eastman electric cutter in the making of hospital supplies. This machine was shown to be of great value in economy of labor and material, especially where large quantities of surgical dressing had to be made. The work was done very quickly and the edges of pads were so evenly cut that it was not necessary to turn

in the edges. It was suggested that the addition of this machine to the equipment of the larger hospitals would add much to the ease and efficiency of the work.

Miss Davies, of the Montreal General Hospital, explained a drawing of a suction device which is used in the Montreal General Hospital operating rooms. This apparatus, which was very inexpensive, was connected with the radiator and operated by making use of the vacuum in the return pipes. The suggestion was well received and declared to be one that could be easily adopted to the work in other hospitals.

A device for preventing restless patients from falling out of bed was demonstrated by Miss F. J. Potts, of Toronto. This apparatus consisted of a light gas tubing frame, to which a canvas covering was laced. This was secured to the sides of the bed by the use of hooks and set of screws. As it was light, neat and efficient, it was a model worth duplicating in any hospital.

It was with much pleasure that Miss Dickson moved, seconded by Miss Potts, that Miss Snively, who was present at the convention, be appointed an honorary member of the association. Miss Snively's acceptance of the honor was followed by a hearty applause.

It was proposed by Miss Hersey, seconded by Miss Shaw, that Miss Nora Livingstone be made an honorary member of the association.

Miss Young also moved, seconded by Miss Fairley, that Miss Stanley, formerly Superintendent of the Victoria Hospital, London, be made an honorary member.

These motions were unanimously carried.

The following officers were elected for the coming year:—President, Miss G. M. Fairley, Hamilton General Hospital; 1st Vice-President, Miss M. Hersey, Royal Victoria Hospital, Montreal; 2nd Vice-President, Miss M. F. Gray, Regina, Sask.; 3rd Vice-President, Miss M. Catton, Protestant General Hospital, Ottawa; Secretary, Miss M. L. McNeel, Children's Hospital, Winnipeg; Treasurer, Miss F. J. Potts, Hospital for Sick Children, Toronto; Councillors — British Columbia, Miss E. J. Johns, Vancouver General Hospital, Vancouver; Alberta, Miss Francis McMillan, Royal Alexandra Hospital, Edmonton; Saskatchewan, Miss V. Winslow, General Hospital, Medicine Hat, Alta.; Ontario, Miss Jean Gunn, Toronto General Hospital, Toronto; Manitoba, Miss S. P. Johnson, Brandon General Hospital, Brandon; New Brunswick, Miss Branscombe, St. Stephens, New Brunswick; Quebec, Miss S. Young, Montreal General Hospital, Montreal.

A short time, following the elections, was devoted to the question-box, after which the convention adjourned to meet next year at the time and place that would be arranged with the Canadian National Association of Trained Nurses.

MABEL L. McNEEL, R.N., Secretary.

Address by the President, Miss Grace Fairley, R. N.

In addressing the members of the Canadian Association of Nursing Education at its fourteenth annual meeting, I feel tempted to admit that, when I accepted the presidency a year ago, I did not realize all the responsibilities that go with the office, and it is perhaps fortunate for me that the past year has been such a busy one for all those interested in nursing education that that responsibility has only been dawning on me recently.

There is less to report to you than one might hope at the end of a year, although the routine business has been quite considerable, and I am glad to know from our Treasurer that we have a strengthened membership, which means much to an organization of this kind—an organization that has the very foundation of our profession as its main object—the preparation of the nurse of the future.

While attending the American Hospital Association Convention in October last, we were fortunate in having a very representative executive meeting, as a number of our members were also attending the same meetings. It was a most interesting convention, and much more time was given to nursing matters than is usually the case in an association that deals with all the problems of hospital maintenance.

Miss Wheeler's report on "The Shortage of Applicants and the Cause Thereof," was the one looked forward to with so much interest by the heads of training schools, but she did not bring in any resolution, as at that time the Rockefeller Foundation was carrying on systematic survey on this very serious problem, a problem that I fear is causing even more anxiety in the United States than with us. There was one session given up entirely to nursing matters.

Miss Gunn, Miss Wheeler, Miss Lawlor and Miss Goodrich were among the speakers, all giving papers on different phases of nursing conditions. Miss Gunn's paper on "The Centralization of Lectures" was new to many of those present, and must have been gladly received by those women from the large American cities, who have common problems. Miss Wheeler, in submitting the report of her committee, unfortunately was not able to offer much in the way of suggestion, although there were many there who were waiting anxiously to hear what the result of her committee's work was.

All of those taking part in the programme touched on one or other of the many training school problems, standardizing of curriculum, improving home conditions, how to deal with the changed point of view of the present day pupil—Miss Lawlor quoting the case of a prospective candidate, who took a pencil and note-book out and questioned her, the interviewer and the interviewed being reversed.

On October 21st and 22nd I attended the meeting of the Red Cross Advisory and Consultative Committee as your representative, and as the

Conference on Child Welfare—which resulted in the formation of The Canadian Council on Child Welfare—met on the 19th and 20th, I was able to attend both.

As the President of the C.N.A.T.N. brought in resolutions on the shortage of nurses at both meetings, and it will be reported on later, I can only say that the one thing that struck me most forcibly through the whole proceedings was the call for nurses.

I was particularly struck on hearing the reports from the different provincial branches of the Canadian Red Cross, at the great need of trained nurses in the sparsely populated parts of Canada, and I personally feel that we should hesitate in sending nurses to foreign countries before we see to the needs of our own people. While making this statement recently, I was reminded by someone of the command "Go ye into all the world," but, at the same time, after hearing at first hand the reports of the almost inconceivable conditions of privation from want of medical and nursing help in Northern Alberta, Saskatchewan, Northern Ontario, and as far east as Prince Edward Island, I felt convinced that the only way to meet the situation was to handle it in exactly the way we do our foreign mission work—ask for volunteers. I am sure that there are very few young nurses who would not be willing to give up one or two years of their lives in return for the work and experience they would get as long as they knew definitely that at the end of that time they would return. And I think we would do well, as an organization interested in nursing education, to make some provision for a definite course of training for nurses who would be willing to take up this work.

At the conference on child welfare, Dr. Amyot, Deputy Minister of Health, acted as chairman.

The housing problem, high cost of living, and other conditions directly bearing on child welfare, were taken up by different speakers, and the importance of preventive conditions, as compared with curative measures, was strongly emphasized by all present. Mr. Parry, of the Department of Health, gave the statistics of loss to the Dominion in baby life as $4,000,000 in one year, on a basis of each child being valued at $100.00.

Mrs. Todd, of Orillia, was appointed President, and four representatives from each province, and one from each national organization intrested in child welfare work.

The last time we met, much was said on the preparation of instructresses and the shortage of them for the number of training schools in existence. I understand the attendance this year at McGill for the course, or part of the course, in administration and teaching is satisfactory, and it is sincerely hoped that greater support will be given by the hospitals, either for this course, or for similar courses in our other universities. I think it is not only the cost of the course, but the cessation of salary

which not every nurse who is temperamentally qualified to teach can afford to meet (practically $2,000.00) that makes it difficult for the prospective student taking what, to her, is a very serious step, and yet to the hospitals is a much-needed addition to the staff. I heartily agree with what Miss Nagle said recently in connection with the need of instructresses in small hospitals being even greater than in large ones. There is no doubt that the qualified instructress is the solution for the problem of interrupted and cancelled lectures. We have great cause for gratification in realizing that to-day five universities are open for some one or other of the branches of nursing education, when six years ago it was such a dim hope that it seemed almost impossible that in our time it would be realized.

It may be of interest to you to know that last winter I approached the Principal of the Normal School to see if any of the supervisors from St. Joseph's Hospital or our own could attend the classes on Principles of Teaching, with the result that the Ontario Department of Education made it possible for any nurse interested in teaching to attend these classes. The Principal of the Normal School showed the greatest co-operation by submitting time tables and suggestions for the best classes, etc.

Although a purely personal arrangement, I refer to this, as it may suggest a solution to some of the other hospitals who might be able to arrange for their supervisors attending such classes, although not able to release them for the entire course at one of the universities.

I will not say more, as the secretary will give a report of other business done, but, before closing; I would like to say how glad I am that two chapters of the C.A.N.E. have been formed since we last met.

I hope that both our members and guests will feel benefited by these meetings, and I sincerely trust that much help will be gotten out of our discussions.

I ask that your criticisms be constructive, and they cannot fail to be helpful, and I hope that any one who has a problem that we can help in any way will not hesitate to bring it forward at either the round table or question box.

We have common problems and common difficulties, many of them accentuated by present day conditions, and I think, if we as nurses, think and act moderately, for moderation seems to me the only solution of the world's problems to-day, our example cannot fail to help those coming after us.

I wish to thank the members of the executive for their assistance and the convener of the programme, Miss Winslow, and Miss Shaw, who has so successfully made the local arrangements.

The Passing of Miss Stanley. (A Tribute)

The passing of Miss Margaret E. Stanley, who for many years has been an active and prominent member of the nursing profession in Canada, will he heard with deepest regret by all members of the profession, whether or not they knew her personally, but more especially by those of the Canadian Association of Nursing Education, with whom her associations have been most intimate.

Miss Stanley's deep and sincere interest in all matters pertaining to the C.A.N.E., her bright and inspiring personality, and generous spirit, have characterized her as a member of outstanding distinction and popularity.

The C.A.N.E., and the nursing profession at large, have lost an invaluable member, co-operator and friend.

For Charity's great cause she lived,
Predestined so by fate;
She lived the part with graceful poise,
She loved the "Cause-so-Great."

Her joy was in the task well done,
Her duty was her life;
And, when the call to halt was cast,
Her heart made inward strife.

She now has passed, with smiling grace,
Upon the path to Peace;
Her task is o'er—a Greater called
Her soul to its release.

She is not dead, but passeth on
To larger Life and Light;
Where souls assemble in a throng.
Of merited delight.

She's gone! . . . Our Sister, from the ranks
Of white-robed Sisterhood;
But, in our hearts and minds she'll live,
An influence for good.

M.A.C.

Let no pleasure tempt thee, no profit allure thee, no ambition corrupt thee, no example sway thee, no persuasion move thee to do anything which thou knowest to be evil.

The World's Pulse

(By Elizabeth Robinson Scovil).

Wireless From Mars.

Wireless waves, 150,000 metres long, have been picked up by Marconi during experiments on board his yacht, "Electra." The maximum wave length production in the world to-day is 14,000 metres long. Marconi thinks it possible that these are not due to electrical disturbances, but to efforts of Mars to get into communication with the earth. The only resemblance of the waves to any code used on the earth is a similarity to the letter "V," used in the International Code.

The Shackelton Expedition.

The crew of the "Quest," in which Sir Ernest Shackelton is starting on a 30,000 mile voyage of discovery in the Antarctic regions, includes two Boy Scouts, who are to act as cabin boys. She has a seaplane stowed on her deck, wireless telegraph and telephone sets, a gyroscopic compass, and a full installation of electric light and power.

A Motorless Airplane.

A German airman has invented a motorless airplane in which he rose from the top of a hill in Prussia, glided for thirteen minutes, and flew six miles. The machine is so light it weighs only 125 pounds. The span of the wings is 30 feet and the wing area 172 square feet.

The Power of the Atom.

Professor Richardson, a distinguished London scientist, says the enormous and far-reaching importance of the discoveries being made at Cambridge by Sir Ernest Rutherford cannot be over-estimated. They relate to the structure and properties of the nucleus of atoms. As a result the artificial transmutation of chemical elements is an established fact and the philosopher's stone of the middle ages is within reach. The amount of energy in the atom is some million times greater than that generated by any chemical reaction, such as the combustion of coal. If this can be controlled, we shall have at our disposal an almost illimitable supply of power which will entirely transcend anything hitherto unknown.

An Old Road.

A section of a Roman road, about 2,000 years old, has been discovered in England. It is thought that the road ran from London to Winchester, and possibly into Cornwall. In the latter case it would have been used by the Phenicians, who brought tin from thence.

A Versatile Actress.

Sarah Bernhardt, during a recent holiday, painted several water-colors, and wrote a novel about two beautiful women who resembled one another, and also wrote three short stories.

The Plague of Rats.

In one year a pair of rats may have 800 descendants. If food is protected so that they cannot obtain it, they will eat other rats. A certain steamship company employs a man whose whole time is devoted to seeing that the rat guards on the mooring ropes of their ships are in proper order.

Canadian Silk Factories.

It is proposed to establish silk factories in Canada, probably in Toronto. Colonies of Swiss silk workers, men, women and girls, will be brought over to start the new industry.

Voices for Posterity.

Marshals Foch, Joffre and Petain have spoken into a recording phonograph the orders issued by them during the war, which are historical and now world famous.

Indian Rights.

Under Canadian law, the Indians would be compelled to become citizens and subject to the common law. The chief of the Cayuga Indians, Dask-Kaleh, went to England and, in an interview with King George, laid before him the treaty made with the Indians in the reign of George III., together with the wampum belts that confirmed it. This treaty secured the separate racial rights of self-government and control of the tribal lands obtained by the Six Nations in 1784. The chief also seeks recognition by the United States of the tribal rights of the Six Nations south of the Canadian boundary.

An African Railway.

A contract has been signed for the building of a railway in Africa which will be at the highest altitude of any in the British Empire. It is 145 miles long, will cost two million pounds, and, when extended into Uganda, will be a link between Mombassa and the Cape to Cairo route.

Prosperity of Ireland.

It is stated by the Canadian Trade Commissioner in Glasgow that, in the last eight years, deposits and cash balances in Irish joint stock banks increased about 124,000 pounds. Exports from Ireland in the last four years exceeded the imports by 50,000,000 pounds.

C. A. M. C. Nursing Service Department.

After completing a public health course at Simmons College, Boston, and a study of social service as applied in New York, Matron B. L. Smellie, M.R.R.C., has received the important and responsible appointment of Joint Instructor of Public Health at the School of Nursing, McGill University, and the Victorian Order of Nurses, Montreal.

The engagement is announced of Nursing Sister G. O. Donkin to Lt.-Col. Guy Johnson, C.M.G., of Sherbrooke Street, Montreal. The marriage takes place early in November.

Nursing Sisters E. W. Odell, M.R.R.C., and J. B. Smith, A.R.R.C., are on the staff of the Evanston Hospital, Evanston, Ill.

Nursing Sister Marie Thompson has gone to Dawson City, where she expects to remain until next spring or summer.

Nursing Sisters E. deV. Clarke and A. B. Baird had the unique experience of a round trip to Alaska this year.

Nursing Sister Jean Johnstone, A. R. R. C., is taking the Public Health course at the University of British Columbia.

Nursing Sister S. Fulton is on the staff of the Alert Bay Hospital, B.C. She intimates that it is a most excellent place to save money, there being no way of spending it.

Nursing Sister Monica Green is making a prolonged visit with friends in the Malay States.

Miss K. Little, A.R.R.C., who retired from the C.A.M.C. to join the Q.A.I.M.N.S.R., passed through Victoria recently on her way to Shanghai, where her marriage to Capt. Ronald Gillespie takes place. During his four years as prisoner of war in Germany, Capt. Gillespie undertook a study of the Russian language; as a result he now holds an important position at Harbin, Manchuria. Whilst at Victoria, Miss Little visited the Military Hospital and renewed acquaintance with army patients, to whom she afforded much enjoyment by her rendering of violin solos. She is also a brilliant pianist.

Nursing Sister Catherine E. Irwin successfully passed her final examinations in Public Health at Western University, London, Ont., and

is now taking a well-earned rest at her home in St. Thomas.

Nursing Sister E. Morrison, A. R. R. C., is school nurse for the Esquimalt district.

Nursing Sister M. I. Prickett, who has been practising private nursing since her return from Overseas, has accepted an appointment at the Central Alberta Sanitarium, the new hospital for tubercular soldiers erected by the D.S.C.R. at Calgary, Alberta.

We regret to learn that Nursing Sister T. Davis, who has been associated with S.C.R. work in Alberta since 1919, has been forced through ill-health to give up her work. She is at present at Brett Hospital, Banff, under the care of the D.S.C.R.

Nursing Sister Froelich, who has been on duty at the Central Alberta Sanitarium, has been transferred to the staff of the Belcher Hospital, Calgary. She was replaced by Nursing Sister A. M. Campbell, Halifax.

Nursing Sister M. I. Ritchie has resigned from the Bellevue Hospital Training School Staff (New York), to accept an appointment at the Colonial Hospital, Rochester, Minnesota.

Mr. and Mrs. Ernest Barbour (nee Nursing Sister C. M. Hare, A.R.R.C.), of St. John, N.B., attended the golf tournament at Ottawa, in September.

Nursing Sister M. Jessie Leitch, who has been taking a refresher course at Bellevue Hospital, is now turning her thoughts towards Columbia. She has been granted indefinite leave of absence from the St. Paul *Dispatch,* but is continuing her articles with the Associated Newspapers. The former paper sent Miss Leitch to Washington to interview Mrs. Harding at the White House. At the same time, she obtained Mrs. Harding's signature to a text concerning the nobility of the nursing profession. This 'text' Sister Leitch hopes to use as a "lead" to an article on what the modern training school offers to young womanhood to-day.

The text of the reply made by the Matron-in-Chief upon the presentation of the illuminated addresses at Toronto, September 1st, is here given:

Without admitting too great a number of years, I may tell you that I am a veteran of three distinct wars. Combining the experiences of three campaigns, I can truthfully say that never have I been subjected to so overwhelming a bombardment as has come my way this morning. The only thing that supports me under such heavy fire is the presence of some and the recollection of the other courageous women whose work has merited and drawn this feu-de-joie.

The inspiring sentiment of your gracious tributes finds responsive echo in my own heart, for to me was granted the opportunity of ac-

quiring an intimate knowledge of the true calibre of Canada's army nurses. Speaking for them, I must at once say how great is our gratitude and how deeply touched we are that, at this date, and in the midst of innumerable peace-time activities, you are still mindful of them and of the part they played in the greatest national crisis in history.

In 1914 it was remarked that men were faced with two dangers—War and the Invasion of Women! The last was not feared seriously. It was thought these assailants would appear in homeopathic doses only. Soon there came reason to change that opinion. The invaders of man's sphere established not only a tolerance, but gave practical demonstration of their ability to compete, successfully, in almost all his pursuits. The co-operation of women proved an indispensable factor in the winning of the war. In the air, on the land and ocean, and even in the desert, women are now found pursuing avocations before reserved for men. In a very great many instances the fearlessness, endurance and heroism of men finds parallel in the lives of women, and its seems, too, that women may soon invade that sanctum sanctorum, the Senate Chamber.

The circumstance that the President and Directors of the Canadian National Exhibition praise the valorous deeds of Canadian men and women in joint terms surely must be interpreted as a recognition of sex equality. The generous acknowledgment falls pleasantly upon our ears. By virtue of their particular calling, the work of nurses carried them into the actual war zone; this was more the case in the last than in any preceding war. Their duties were more directly allied to those of the soldier. To the nursing sister does he become best known and to none other does he appear so fine a gentleman or so great a hero. They know the best and worst that can be said of him. If the best did not far outweigh the worst, could his nurses regard him so highly?

Then, too, nursing sisters shared many of the trials and discomforts of the fighting man. Almost each day revealed to them a new form of war's hideousness. Ever present was the dread that the next convoy of patients might include an own relative. And indeed scarce a day passed but some nurse was bereaved. The fear of death, for herself, was a constant possibility. Assuredly, it would not have been surprising if the arduous duties and the unceasing vigilance proved too great a strain. But there has yet to occur an instance wherein a nurse failed or faltered, even momentarily, in the face of danger and duty. I am quite confident that every Canadian soldier will rejoice in the honours heaped upon the army nursing service to-day. That on his part he is not unmindful in appreciation, I should like you to hear a Tommy's tribute to his nurse. It came in a letter received not so long ago from a French-Canadian patient to the nursing sister who had looked after him in France when his wounds were fresh. In permitting me to read it, and to avoid possible mis-interpretation of sentiment, sister explained that the writer was a man with a wife and nine children. His letter was as follows:

"Sistere:—

It is alwas my greatest plaisir to drop you a few words. I am still alive but my brett is not very good to-day. I was auperate again and I had a toffe time to get troo. Sistere I must tell you the trute—I love you because you was like a mother to his child, you are alwas my best thought and you will be at the last next to God.

from a sencer freend."

Can it be doubted that intelligence of the heart equals that of the intellect?

Just as we know that nothing worth while is ever accomplished without sacrifice, so too, we are aware that the greater the cause, the heavier the toll. Forty-five Canadian Army Nurses—39 Overseas and 6 on home service—gave the last full measure of devotion. Truly, of these it may be said, "Glad did they live, and gladly did they die." It is a strange paradox that what we wish or will for those we like and love we would prefer them never to will for themselves. We glory in the memory of our honoured dead because we know they despised, or held at its true price, the safety in which we would have kept them. Generations yet unborn will, too, bless the memory of these noble heroines. The lofty ideals, aspirations and attainments of the army nurses to whom the nation to-day pays tribute, have given us traditions that will survive till time is at end.

Nor was the exalted purpose that animated Canadian nurses to voluntarily dedicate themselves to the service of king and country less lacking in those who remained behind. To you, too, dear and loyal comrades, is the Empire everlastingly indebted. With smiling face and sore heart, you took farewell of husband, brother or sweetheart. In secrecy were your tears dried. Bravely were unaccustomed household responsibilities shouldered, and unforeseen emergencies conquered. The domestic hearth was kept swept and bright for the home-coming of loved ones, and far beyond extended your services; your foresight for their material comfort went far towards making the lot of soldiers a more congenial one. Welcome to the newly recruited, cheery greetings to the invalided rivalled the encouraging messages wafted across the seas. Your splendid example imposed an obligation. Small wonder that, firm of step and with head erect, nurses marched home to grasp your outstretched welcoming hand. They knew they had not betrayed your trust and confidence. And now, three years after the cessation of hostilities, you are still carrying on. Returned men continue to bless your shadow as it falls.

It is my own belief that every loyal Canadian woman, in or out of uniform, at home or overseas, has a notable war record; and one outcome is that to-day men and women are more firmly united in mind and purpose on all questions concerning the betterment of humanity. Because of this, the world is daily becoming a better place. The lot of our less fortunately situated brothers and sisters is a happier one. Life grows more

sweet to the helper and the helped. Light is shining in corners that before knew little save gloom.

In conclusion, and on behalf of the Canadian Army Nurses—whom I am so proud to represent—I tender to the President and Directors of the Canadian National Exhibition, the patriotic women of Canda, including the Soldiers' Comforts Branch of the Department of Soldiers' Civil Re-Establishment, our profound and heartfelt thanks. Your good wishes for their future and mine are warmly reciprocated. I trust I have conveyed full measure of our appreciation. These charmingly illuminated addresses I shall cherish and preserve in the hope that they may one day adorn the walls of a Women's Section of a Canadian War Museum.

The first two of the following messages were forwarded by cablegram through the office of the High Commissioner for Canada:

From H.R.H. The Duke of Connaught:

His Royal Highness, Duke of Connaught, asks me send following message: "Join in appreciation of splendid services rendered by Nursing Sisters Canadian Expeditionary Force. Signed, Arthur."

(Signed) GRIFFITH, Dominion.

From His Grace, The Duke of Devonshire:

His Grace, Duke of Devonshire, asks me send following message: "I am glad to hear that the Nursing Sisters Canadian Expeditionary Force are to receive the honour to which they are so well entitled in recognition of their devotion and splendid service. Signed, Devonshire."

(Signed) GRIFFITH, Dominion.

From His Excellency, Lord Byng, Governor-General of Canada:

I deeply regret that I cannot be with you to-day, for I should have felt proud to join in Canada's tribute and thanks to that untiring and unselfish body of women whose skill and devotion saved so many lives. To the wounded and sick they brought Canada to France during those years of war and exile. I wish you every happiness and success.

From Her Excellency, Lady Byng:

May I add my quota of good wishes and congratulations to the Nurses who worked so gallantly for our men in all the different theatres of war, and, not only to those who went overseas, but also to those others—less fortunate in this respect—who nursed at home and thus did their "bit" equally well.

From The Right Honourable, Arthur Meighen, Prime Minister of Canada:

I am glad to learn that the Canadian National Exhibition and the Soldiers' Comforts Branch of the Department of Soldiers' Civil Re-establishment are to unite, at the luncheon to be given by the Directors of the Exhibition, in presenting an address to the Matron-in-Chief and Nursing Sisters of the Canadian Expeditionary Force. I only wish my public duties would permit me being present on this occasion. May I ask you to express to the Matron-in-Chief and Nursing Sisters my very deep sense of their great and gallant services to our country. With the fighting forces they bore the immediate shock of war, and their services will never be forgotten by those whose suffering they alleviated or by any of their fellow-countrymen and women.

From The Honourable Sir George H. Perley:

Lady Perley and I are extremely pleased that the Canadian National Exhibition and the Soldiers' Comforts Branch are going to honour the nurses who were overseas by giving them illuminated addresses. No one realizes better than we do the unceasing devotion shown by our nurses during the Great War

and the wonderful work which they did for our soldiers. It is not too much to say that the fact that such a large percentage of the sick and wounded recovered was due in no small measure to the skill and attention of the nurses.

Lady Perley and I are glad that Miss Macdonald, who filled so capably the position of Matron-in-Chief throughout the war, is to be in Toronto to receive the addresses, and we regret very much that we cannot be present ourselves on that occasion.

From The Right Honourable Sir R. L. Borden:

Having just returned to Ottawa, I send following message: "No more splendid and heroic service was given to our country during the recent war than that of the Nursing Sisters, of whom not a few made the supreme sacrifice. I join most earnestly in the tribute of warm admiration and deep gratitude to which they are so justly entitled."

From Lady Borden:

I deem it a privilege to be allowed to express my appreciation of those splendid heroic Canadian Nursing Sisters who gave such wonderful service to the Empire during the war. They have raised the standard of Canadian womanhood by their patriotism and self-sacrifice, and it is only fitting that every recognition should be given them, as they carried the heavy end of the cross during those awful years.

From Sir Auckland Geddes:

I am delighted that the National Exhibition of Canada, in conjunction with Soldiers' Comforts Branch of the Department of Soldiers' Civil Re-establishment, is calling attention to the debt of gratitude which is owed, not only by Canada but by the whole Empire, to the Nursing Sisters for their devoted and untiring work during the Great War. Their record is an inspiration and example.

From The Honourable Hugh Guthrie, Minister of Militia and Defence:

It is with great pleasure that I recall the wonderful services rendered by the Nursing Sisters of the Canadian Expeditionary Force during the recent war. All soldiers greatly benefitted by the hard work and kindness of the Nursing Sisters. Their courage and example contributed wonderfully to the splendid morale of the troops during the entire period of the war. It is felt that the valuable services rendered by our Nursing Staff to our sick and wounded cannot be estimated nor words express our appreciation.

From His Grace, The Roman Catholic Archbishop of Toronto:

I am glad to learn from yours of the 8th that arrangements are being made to give public expression, during exhibition week, to Canada's appreciation of the Nursing Sisters who went in thousands from Canada to give hospital care to our wounded soldiers during the war. Nothing we can do would compensate them for the sacrifices they made and the services they rendered; but, at least, the gratitude due them from Canada should be publicly expressed.

From His Lordship, The Anglican Bishop of Toronto:

Though we have just passed the 7th Anniversary of the Declaration of War, a war destined to be almost world-wide, and to cost in lives millions of men and many times more millions in the loss of money; though this war meant the destruction of historic piles rich in architectural features, and replete with priceless specimens of art, the growing glories of their age; though it meant ruin and desolation beyond all computation, in countless homes in the hands of all the belligerents; though it meant through all the clash and din of arms an undertone of pain and suffering that wrung the heart and tried the strength and endurance of all involved; yet throughout the long-drawn agony these noble Nursing Sisters of the C.E.F., in their self-chosen task, gave unstintingly of their best, and proved once more the truth of him who sang:

"O Woman!
When pain and anguish wrung the brow
A Ministering Angel thou."

The memory and the fragrance of the services rendered by these shall endure throughout this generation, long after the deeper material scars of the war have been effaced. I wish the gathering on September 1st, at the Canadian National Exhibition, every success, and hope it will be an occasion that shall transcend in every particular the hope and expectations of all concerned.

From The President, National Council of Women:

Please convey to self-sacrificing Nursing Sisters my intense and loving appreciation.

The following Circular Letter has been issued by the Executive Committee, Canadian Nursing Mission to Roumania:

8 Colborne Street, Toronto,
September 19th, 1921.

Dear Madam:—

At a meeting of the C.N.M.R., held on August 18th, after the reports from Miss Cotton had been read and the financial status of the Mission carefully considered, it was unanimously resolved to recall the Mission.

During the nine months of the Mission's activities, demonstration classes were held at the Coltzea and Colintina Hospitals, which were attended by sixty peasant pupils. These girls were examined on their work by Roumanian doctors in July, with satisfactory results. In July, also, a training school for nurses was formally opened in connection with the hospitals mentioned above, under the name of "Scoala Sanitar Regina Maria," and at the inauguration much praise was given the Mission for the part it had taken in making such an institution a reality. Her Majesty, Queen Marie, expresses herself as "deeply grateful."

The Roumanian hospitals have very iimited resources and cannot contribute in any way towards the maintenance of the Mission. The expense of its upkeep has already exceeded by some thousands of dollars the original estimate, and the committee here feels that the field is too vast for any but such an organization as the League of Red Cross Societies to attain more far-reaching results than the Canadian nurses have already obtained. The League has much sympathy and interest in the work, and has sanctioned a grant from the Imperial War Relief (British) of $6,000 towards carrying on the work for next year.

Miss Cotton and the staff have done excellent work; have upheld the highest ideals; demonstrated modern methods of nursing; given the impetus to a new movement and inspired hope in the breasts of those working to effect reforms in Roumania.

The Committee thanks you for your sympathy and support in their humanitarian effort.

Yours sincerely,
ETHEL PANTAZZI, Hon. Secretary.

Rise, happy morn, rise, holy morn,
Draw forth the cheerful day from night:
O Father, touch the east, and light
The light that shone when Hope was born.

In Memoriam.

Hospitals and Nurses

NOVA SCOTIA

Nova Scotia Graduate Nurses' Association.

Over $800.00 has been added to the Nurses' War Memorial Fund, as a result of the garden fete held on August 4th, at Health Centre No. 1, "Old Admiralty House," which was kindly loaned for the occasion, by the Massachusetts-Halifax Health Commission. Miss C. Graham and her energetic committee are being congratulated on the success of the "Fair," which was opened at 3 p.m. by Lieut.-Governor Grant. Glorious weather, the quaint gardens most tastefully decorated by the firemen, and a great variety of entertainments, all helped to attract a large crowd. A "fish-pond," conducted by Miss Millins and Miss S. Archard ; Miss McLatchey's bridge tables; Sister Hubley's "Aunt Sally," and refreshment booths in charge of Mrs. Nickerson, Miss Keating and Miss Flora Fraser, were all conspicuously popular.

A training school for nurses has been established at Highland View Hospital, Amherst, and many additions and improvements have been made to the institution. Mrs. Van Dusser is the energetic superintendent.

Victoria General Hospital.

Miss Burgess, of the New York Training School, Inspectors' Department, visited the Training School of the Victoria General Hospital, which is registered in the State of New York. Miss Burgess had spent her vacation in Newfoundland in August.

The new wing of the Nurses' Home is now completed, also the hospital service building of the hospital.

The Pavilion for Private Patients, facing South Street, should be ready for occupation in two months.

Miss Mary Archibald, Superintendent of Nurses at Waterburg General Hospital, Connecticut, is one of the many former graduates who has visited the hospital this summer.

Miss Jean Fraser, New Glasgow, recently of St. Anne de Beaupre Military Hospital, has been appointed dietician.

The annual meeting of the Victoria General Hospital A.A. was held in August. Mrs. H. W. Hall was elected President.

NEW BRUNSWICK

ST. JOHN.

Miss Mary L. Murdoch, R.N., and Miss Lilian Shand, R.N., of St. John General Public Hospital, have gone to Toronto to take a course in Public Health Nursing in Toronto University.

Miss Marjorie G. Matchett, R.N., of the General Public Hospital staff, St. John, is spending her vacation in Montreal.

Miss Lyla Belding, anaesthetist of the General Public Hospital, St. John, is spending her vacation in Quebec.

Miss E. C. Sanson, R.N., Superintendent of the Victoria General Hospital, Fredericton, has tendered her resignation.

Nursing Sister Donahue, of Lancaster D.S.C.R. Hospital staff, has resigned on account of poor health and has left for the Orthopaedic Hospital, Toronto, for treatment. She was accompanied by Nursing Sister Maude Gaskin, Matron of the Lancaster D.S.C.R. Hospital.

Miss Marion J. Whyte, of St. John General Public Hospital, left last month for Negritos, Peru, to accept a position in the hospital there.

Nursing Sister Newlands has resigned from the Lancaster D.S.C.R. Hospital.

Nursing Sisters Lawson, Gregory, Dixon, O'Brien, Toot, and Rhinehart, have lately been appointed on the staff of the Lancaster D.S.C.R. Hospital.

On July 27th the new nurses' home in connection with the General Public Hospital, St. John, was formally opened. The home has accommodation for seventy-five nurses, all individual rooms. Practically all rooms were furnished by prominent citizens and societies in St. John. The Alumnae of the General Public Hospital furnished the lecture room as a memorial to Nursing Sister Anna Stamers, and one room was furnished by the Women's Hospital Aid in memory of Nursing Sister Lena Jenner. This home was striven for as the first step in the development of the hospital and an improvement on hospital accommodation. It is a building that the municipality can take great pride in, and, as a nurses' home, is one of the finest in the Dominion.

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PRINCE EDWARD ISLAND

Miss Molly Wetmore, of St. John, N.B., Chief Dietitian of the Laurentian Hospital, Ste. Agathe, Que., and graduate of Macdonald College, has been appointed dietitian at the Prince Edward Island Hospital, Charlottetown.

Miss Louise McKinnon, Lady Superintendent of the Laurentian Hospital, has resigned, and her position filled by Miss Bessie Beer, of Charlottetown, a graduate of the Newton General Hospital, Newton, Mass.

Miss Ora Botherwick Profitt, a graduate of the P.E.I. Hospital, has been appointed head nurse in succession to Miss Anne McKinnon, who resigned recently to be married (Mrs. Fred J. Nash, Jr.).

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QUEBEC

Sherbrooke

Miss M. C. McCarthy, R.N. (Victoria General Hospital, class 1915), has been appointed Assistant Superintendent at Sherbrooke Hospital.

Miss Gladys Van, R.N. (Sherbrooke Hospital, class 1913), has been appointed Dietitian at Sherbrooke Hospital.

Miss Hazel I. Duncan (Sherbrooke Hospital, class 1921), has left for the West and has reported as having commenced private nursing in Calgary, Alta.

Miss Phoebe Blake, R.N. (Sherbrooke Hospital, class 1919), is doing institutional work at the United Hospital, Port Chester, N.Y.

Miss Turner, R.N. (Sherbrooke Hospital, class 1917), is doing private duty nursing in New York City.

Miss Ord (Sherbrooke Hospital, class 1912), is nursing in New York.

List of Officers of the Alumnae Association of Sherbrooke Hospital, Sherbrooke, Que.:—President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to *Canadian Nurse,* Mrs. Roy Wiggett. Regular monthly meeting, second Tuesday.

Montreal

Miss Nina Brown (1918) has resigned as assistant in the Out-Patients' Department, Montreal General Hospital, and has gone to Ann Arbor, Michigan, to take up hospital work in that city. Miss Isabel Symonds (1919) succeeds Miss Brown in the Montreal General Hospital.

Miss Frances Reed (1912) has resigned as second assistant in the Montreal General Hospital, and is suceeded by Miss McCammon (1919). Miss Reed intends taking a course in the School for Graduates at McGill University, and has been chosen as the recipient of the scholarship given by the Board of Management, M.G.H.

Miss Kathleen Smith (1919) has taken a position in the hospital opened by the Laurentide Paper Co., Grand 'Mere, Que.

Miss E. Odell (1915) has accepted a position in the Evanston Hospital, Evanston, Ill.

The sympathy of the Alumnae Association is extended to Mrs. Gladstone Baptist on the death of her husband, which occurred at Three Rivers, Que., on September 21st. Mrs. Baptist was Miss Shirley Farmer (1918, M.G.H.).

Miss Pauline McCarthy (1917) has gone to Buffalo, N.Y., to take charge of the operating room in the Deaconess Hospital

Miss Olive McKay (1905) has resigned from the S.C.R. and has gone to London, Ont., as Assistant Superintendent in the Victoria Hospital.

Miss Annie Smith and Miss Amy Ross (1918) are leaving shortly for Texas, to take up hospital work there.

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ONTARIO

London

Miss D. Hutchison, President V.H.A.A., has accepted the position of Assistant Superintendent of Nurses at Western Hospital, Toronto.

Miss Mary A. Barons, Secretary V.H.A.A. for two years, was married in June to Rev. W. G. Colgrove.

Miss Florence Struthers, graduate of Victoria Hospital, London, and who has been till recently Superintendent of the Trudeau Sanitarium in the Adirondacks, N.Y., addressed the Alumnae on the benefits of registration for nurses and explained the law as it stands to-day in New York State, and concluded by some interesting details of the tubercular nursing as carried on at the Trudeau Sanitarium. A report of the C.N.A.T.N. Convention, at Quebec, was given by Mrs. Walter Cumming. Miss Agnes Malloch, vice-president, was in the chair.

Miss Mary L. Jacobs, R.N., graduate of the Victoria Hospital, has been appointed Superintendent of Nurses in the Ogden Mills Training School for Nurses in New York. Miss Jacobs is a post-graduate of the General Memorial Hospital, New York, and has held various executive positions in the last six years.

Miss K. McDonnell, President of the Alumnae Association of St. Joseph's Hospital, resigned her office, as she is leaving London to become resident nurse at Loretta Hall, Toronto. Mrs. Henry, vice-president, will hold office till the election in January. Miss McDonell was the founder of the Alumnae and was president for some time. She was

pleasantly surprised recently when she was presented with a handsome leather travelling bag, the gift of the Alumnae.

Brantford.

The graduation exercises of the Brantford General Hospital training school were held in the Nurses' Home on September 22nd, with nine in the class. Dr. Gordon Hanna addressed the class, after which the medals, diplomas and prizes, were distributed. Miss Jessie Wilson obtained the first prize for highest marks, and Miss Ida Martin was second, and she also won the prize of $15.00 in gold given for the best theoretical and practical standing in obstetrics. Tea was then served in the reception room of the home to about 600 guests. A dance, in honour of the class, was given by the Alumnae Association the evening of the 22nd.

The annual meeting of the Alumnae was held September 23rd. New members were welcomed, among them the new graduates. Miss Forde gave a short address, after which tea was served.

Miss Taite, of the Belleville General Hospital, Misses Frost and Ina May Jones, of Toronto, were guests at the graduation.

Hamilton

Miss D. E. Street, of the Dauphin "Public Health," spent her vacation in Hamilton.

The Misses Wilkin and Emerson were visiting here during the summer. They are both in public health work in Edmonton, Alta.

Miss Kate Campbell has accepted a position in the Dunnville Hospital.

Miss French has been quite ill with typhoid fever in the general hospital.

The Misses McNally, Hobden and Jean Souter left this week for McGill University.

Miss Lillian Dixon, who has been in South Carolina for several years, is again in Hamilton.

Miss Janet Elliot spent the summer in Alberta.

Miss Daisy Cox has accepted a position with Drs. McGregor and Mowbray, surgeons, here.

Misses Ella Baird and Ruby Smith, of the H. G. Hospital, recently, are now doing private duty nursing.

Miss Withington has been added to the staff of the Babies' Dispensary.

Miss Abigal Carscallen, who has been in California since her return from overseas, spent most of the summer here.

Nursing Sister Louise L. Lanktree has resigned her position as Instructor in the Ashtabula General Hospital, Ashtabula, Ohio, and has opened the Quality Book and Gift Shop, Conneaut, Ohio.

TORONTO.

The first meeting of the year of the Alumnae Hospital for Sick Children, Toronto, was held at the residence, Elizabeth Street, Toronto, Thursday, October 13th. Mrs. Lang gave a very interesting talk on federal voting. Refreshments were served later.

Miss Austin is on the nursing staff of the H.S.R., Toronto, Ont.

Miss Effie Miller, H.S.C., Toronto, has returned from Vancouver, and is doing private duty in Toronto.

Miss Edith Fenton, H.S.C., Toronto, has gone to Dartmouth, with the Public Health Department.

Miss Barnes and Miss Lillian Galbraith, H.S.C., Toronto, are now on the staff of the Public Health Department.

Miss Holiday and Miss Ramsden, H.S.C., Toronto, are attending Toronto University.

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MANITOBA

ST. BONIFACE.

The graduating exercises of the St. Boniface Hospital were held September 1st in the study hall of the hospital, which was charmingly decorated. Interesting addresses were delivered by the chairman, Dr. J. P. Howden and Rev. W. L. Jubinville; Bishop Prud'homme presented the diplomas; and the medals, presented by Dr. James McKenty, were pinned on by the President of the Alumnae Association, Miss A. C. Starr. Refreshments and an informal dance concluded the exercises. The class were entertained with a matinee party and tea at the Royal Alexandra Hotel.

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SASKATCHEWAN

The special fall convention of the Saskatchewan Registered Nurses' Association will be held in Regina on Monday, November 7th, 1921. The meetings will be held in the council chamber of the city hall. As arranged, this is to be a business meeting, and reports of standing committees and of the delegates who attended the meetings of the Canadian National Association of Trained Nurses and of the Canadian Association of Nursing Education will be presented, and business arising from these reports will be considered. An address will be given by Miss Jean E. Browne on "Impressions of Nursing Conditions in England and France."

Moose Jaw.

The graduation exercises of the 1921 class of the Moose Jaw General Hospital were held in the collegiate auditorium on Tuesday evening, May 31st. Mr. H. C. Pope, President of the Hospital Board, acted as chairman. The address to the graduating class was delivered by Venerable Archdeacon F. Wells Johnson, followed by His Worship the Mayor, Dr. R. H. Smith, who, after giving a brief rèsumè of the history of nursing, presented the diplomas to the following:—Miss Shelta Wallace, Moose Jaw; Miss Irene Bouchard, Neleval; Miss Annie Hutton, Fox Valley; Miss Ada Jackson, Boharm; Miss Dorothy Shantz, Winnipeg. Dr. G. P. Bawden then administered the "Florence Nightingale Pledge." The school medals were pinned on by Miss Renton, the lady superintendent. A most interesting address was then given by Miss Renton on "The Proposed Minimum Standard Curriculum for Training Schools for Nurses in the Province of Saskatchewan."

Mrs. Ironside, the President of the Moose Jaw Graduate Nurses' Association, on behalf of the association, presented each member of the class with a copy of the *Canadian Nurse,* and also a six months' subscription to the journal.

The auditorium was well filled with the friends and others interested in the "Sweet Girl Graduates." A good musical programme was provided. The pretty decorations, in the school colours, and the splendid arrangements throughout, reflected great credit on Miss Renton and her able staff. The class entertained informally the following evening at the nurses' residence.

The regular monthly meeting of the Moose Jaw Graduate Nurses' Association was held in the Y.W.C.A. club room on Wednesday, September 7th. Considerable business was transacted; among other things, it was decided to "Have a place in the Sun"—therefore to have the association listed in the *Canadian Nurse.* A committee was also appointed to take charge of the "Every Member" campaign for subscriptions to the *Canadian Nurse.* Miss Cora Kier gave an interesting account of the recent conventions of the C.N.A.T.N., and of the C.A.N.E. The meeting closed with a social half-hour over the tea cups.

Miss Renton, Lady Superintendent of the General Hospital, has just returned from a vacation spent in Guelph and Toronto.

Miss Ina Phillips, of the Moose Jaw General Hospital, has just returned from a vacation spent in Toronto, Hamilton and Niagara Falls.

Miss E. Fleming, Night Supervisor of the General Hospital, is spending her vacation at Kelliher, Saskatchewan.

Miss Gladys Jordison has resigned her position in the offices of Doctors Leask, Black, Burwell & Young, and is at present visiting with her sister at Aneroid, Saskatchewan. Miss Lind, recently of the Moose

Jaw General Staff, has accepted the position in the above doctors' office, while Miss Ina Phillips has accepted the secretary-treasureship of the association.

It is with the deepest regret that we report the death, very suddenly, on July 16th, 1921, of Annie Beatrice Galbraith, beloved wife of Dr. D. S. Howden. Mrs. Howden was a graduate of the Kingston General Hospital, 1911.

Mrs. Jack Droppo, Convener of the Social Committee of the Association, is at present suffering from an attack of diphtheria.

Mrs. H. D. Hedley, press representative of the M.J.G.N.A., has returned from a three months' vacation spent in St. Mary's and Toronto.

Miss Mary Wilson, Convener of the Education Committee of the M.J.G.N.A., is at present on the staff of the King George Hospital, Winnipeg.

Mrs. F. C. Harwood (Honorary-President of the M.J.G.N.A.) and family have returned from Regina Beach, where they have been recuperating after an attack of diphtheria.

Saskatchewan Sanitarium.

Miss W. Stinson (W.G.H., 1917), who is on the staff of the Galloway-Gibson Clinic, Winnipeg, spent a week's vacation at the Sanitarium, renewing old acquaintances.

Miss C. Parker (W.G.H., 1917), and Miss Edith Loucks (W.G.H., 1912), were also recent visitors at the Sanitarium. Miss Parker has until recently been on the staff of the Manitoba Public Health Department, and has been stationed in Brandon. Miss Loucks, the Lady Superintendent of the Ninette Sanitarium, went home, we are certain, feeling very envious of our wonderfully situated sanitarium, not to mention very many other things, but then comparisons are odious.

Misses Lughrin and Jeffrey have severed their connection with the Sanitarium and are holidaying at the coast.

Misses Todd and Walker, graduates of Glasgow, Scotland, are new members of the nursing staff.

Miss Mary Houston (W.G.H., 1916), who has been relieving on the staff for the summer months, has returned to her home in Tyvan, Sask.

Miss Lily Gray (W.G.H.) is leaving to take a post-graduate course at the Contagious Hospital, Philadelphia; later she intends taking up work at Columbia University.

Miss Jean Browne, Regina, Director of the Division of School Hygiene, accompanied by Misses H. MacDonald and J. MacKenzie, of the School Hygiene Staff, were recent visitors to the Sanitarium. Misses MacKenzie and MacDonald are assisting in the work of the newly appointed commission for the survey of tuberculosis in Saskatchewan.

ALBERTA

CALGARY.

The Calgary Association of Graduate Nurses held their meeting in the Y.W.C.A. parlors on September 15th, at 8 p.m. There were a large number of members present. The reports were read and accepted. The Secretary stated that there are now considerably over 100 members on the roll—a large increase during the past year. Cupid has been busy in our ranks, nine of our members having been married in the past year. The death of two of our members, Miss Nugal and Miss McArthur, is very deeply regretted.

The association held ten regular meetings during the year and entertained the delegates to the Alberta Association of Registered Nurses, and the Alberta Hospital Association convention, held in Calgary last fall, at a luncheon held in the Elizabethan rooms of the Hudson's Bay.

The association contributed $50.00 to the fund for the entertainment of the National Council of Women delegates to the convention held in Calgary in June. The association also very strongly protested against Lady Martin-Harveys appealing for funds for the College of Nurses, Limited, under cover of the British nurses. The officers for the ensuing year are as follows:—President, Mrs. Stuart Brown; First Vice-President, Mrs. Calder; Second Vice-President, Miss Parks; Recording Secretary, Miss Willison; Corresponding Secretary, Miss Lucy F. E. Phillips, R.N.; Treasurer, Miss Agnes Kelly, R.N.; Registrar, Mrs. J. Stewart White.

On Wednesday evening, September 28th, a number of the members paid a surprise visit to Miss E. P. McKinney, former president. During the evening Mrs. Stuart Brown presented her with a tea-set as a token of love and esteem and the appreciation of the members of Miss McKinney's work.

* * * *

BRITISH COLUMBIA.

Miss Alice Peters, R.N., graduate of the Vancouver General Hospital, and member of the nursing staff for some time, has accepted a position in the Deaconess Hospital, Spokane, where she will have charge of the operating room.

Miss Blanche E. Wells, R.N., graduate of the Newport Hospital, Newport, R.I., who has been assistant superintendent of nurses at the Royal Inland Hospital, Kamloops, has accepted the position of Superintendent of the Chemainus General Hospital, Chemainus, B.C., replacing Miss Curry, who has resigned in order to take a course in public health nursing at the U.B.C. Miss Curry is one of the nurses who obtained a V.O.N. scholarship at the university.

Miss Ethel Brown, who has been for some time past in charge of the V.O.N. home and activities in Vancouver, has resigned, and, after a

short visit to California, returns home to England. She is succeeded by Miss Bousclough, graduate of the Passiac City Hospital, Passiac, N.J., who, for six or seven years, has been doing industrial welfare work in the Province of Manitoba.

Miss Louise Newcombe, R.N., Chief Instructor at the Vancouver General Hospital, Vancouver, has resigned to accept a similar position in one of the hospitals in Minnesota. Miss Newcombe is a graduate of the Winnipeg General Hospital.

New Westminster.

Mrs. Patchell's (nee Eva Campbell, New Westminster) son won pital, New Westminster, who has been taking a post-graduate course in surgery at the Lane Hospital, San Francisco, has accepted a position in that institution as nurses' instructor in the operating room.

Nursing Sister Mattie J. Stewart has accepted a position as surgical nurse in the Anyox General Hospital.

Mrs. Patchell's (nee Eva Campbell New Westminster) son won first prize in the better babies contest, held at the exhibition in that city. Mrs. B. Gunn's (nee Jessie Waddell) son came second in the contest.

WHAT IS LIFE?

A hidden thought in the heart of God!
A seed upspringing beneath the sod!
A shape and form pushing up thro' the clod!
A face looking up to the face of its God!

With sunshine and air and room to grow.
Refreshed from above, sustained from below,
With strength to meet every wind that blows
And calm endurance against its foes.

To burst at last into glorious bloom,
Its mission fulfilled, and then— to make room
For others to come in the self-same way!
Awaiting a yet more glorious day.

With obedient trust in a loving God,
It sleeps in its bed just under the sod,
Neither fearing nor feeling the weight of a clod,
To awake to new life at the call of its God!

"The Living Church." May L. Restarick

BIRTHS

CLOSE—At St. Boniface Hospital, on September 13th, to Mr. and Mrs. J. Close (nee Margaret Kinsella, St. Boniface Hospital, 1913), a son.

PRENDERGAST—At St. Boniface Hospital, Manitoba, on August 25th, to Dr. and Mrs. Jas. Prendergast (nee Amy O'Neill, St. Boniface Hospital, 1917), a son.

TURNER—At Edmonton, Alta., on September 9th, 1921, to Mr. and Mrs. John Turner (Nurse Blackwell), a son.

BRODIE—To Mr. and Mrs. F. N. Brodie (Miss Carson, General Public Hospital, St. John, N.B.), on June 23rd, a son.

GRAFFTEY—On August 18th,1921, at the Montreal Maternity Hospital, to Mr. and Mrs. Stewart Grafftey, of 133 Mayfair Avenue, a daughter (stillborn). Mrs. Grafftey was I. Merle Mitchell (T.G.H., 1916).

COURTNEY—On Steptember 18th, 1921, to Mr. and Mrs. A. Courtney, New Westminster (nee Laura Johnston, R. C. Hospital), a son.

ROBERTSON—To Mr. and Mrs. J. Murray Robertson, Toronto, August 28th, 1921, a daughter, "Nancy." Mrs. Robertson was Glenna Rooke (H.S.C., class 1916).

SCOTT—To Dr. and Mrs. G. R. Scott, of Peterboro, Ont., a daughter, "Barbara." Mrs. Scott was Miss Jean Vining (H.S.C., class 1917).

JAMES—To Mr. and Mrs. James, of Weston, Ont., October 12th, 1921, a daughter. Mrs. James was Miss Ann Pears.

MARRIAGES

HALL-MORRISON—On October 8th, 1921, Miss Madelene Morrison, of Peterboro, to Mr. Wilfred Hall.

CARTER-PITMAN—On September 13th, 1921, at Top-Sail, Newfoundland, Miss Edna Pitman, to Mr. Alan G. Carter.

NELSON-JAMIESON—On September 28th, 1921, at Westminster, Que., Miss Edith Jamieson, to Dr. W. E. Nelson.

MCKERRACHER-PATTERSON—On September 7th, 1921, Miss Marjorie Patterson, to Mr. James McKerracher.

WILSON-BUYERS—Miss Mary Buyers, to Mr. Wilson.

McCalley-Hasley—On September 21st, 1921, Miss Edith Hasley, to Mr. Robert McCalley.

Brownell-Hodgson—Miss Edith Hodgson, to Mr. Brownell.

MacKenzie-McMillan—On September 23rd, 1921, Miss Florence McMillan, to Mr. T. Allan MacKenzie.

Storme-McPherson—Miss Illa McPherson and I. Storme were married in New Westminster, October 8th, 1921.

Brewster-Machum—In Fredericton, N.B., on August 31st, 1921, Irene Machum, to Nathaniel Brewster. Miss Machum is a graduate of Melrose Hospital and has recently been on the staff of the General Public Hospital, St. John, N.B.

James-Smith—At St. Michael's Episcopal Church, New York City, on August 11th, 1921, Una Margaret Smith, R.N. (Toronto Orthopaedic Hospital, 1918), to Dr. Howard B. James, of Oshawa, Ont.

Hurm-Gagne—Recently, at Prince George, B.C., Nursing Sister Marguerite Gagne, R.R.C. (O.G.H., 1911), to Mr. M. D. Hurm, of Prince George. Miss Gagne, for the past year or more, has been in charge of the Prince George Hospital.

Buzza-Moffat—Recently, at the home of her parents, in Carluke, Annie Moffat (Hamilton General Hospital, 1920), to Mr. George Frazer Buzza, of Burlington.

Avery-Doherty—On Wednesday, August 31st, 1921, at the St. Joachim rectory, Nurse Peggy Doherty, to Mr. Herbert Avery.

Brodie-Reade—In Vancouver, September 23rd, 1921, by the Rev. A. D. McKenzie, Florence Mabel Reade (Vancouver General Hospital) to Frederic J. Brodie, M.D., of Vancouver.

DEATHS

Murray—We deeply regret the death of Miss A. B. Murray while visiting friends in Nova Scotia.

Atkinson—Miss Atkinson (Hamilton General Hospital, 1920) died last May during an operation for goitre.

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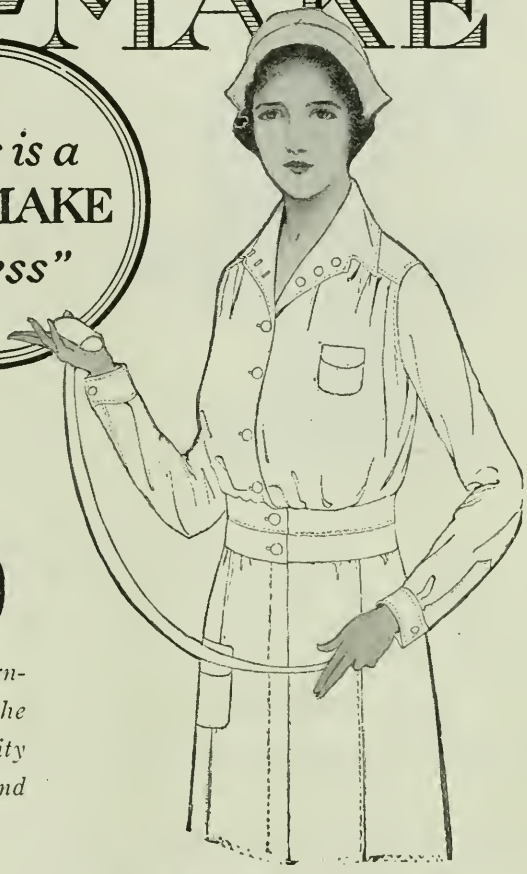

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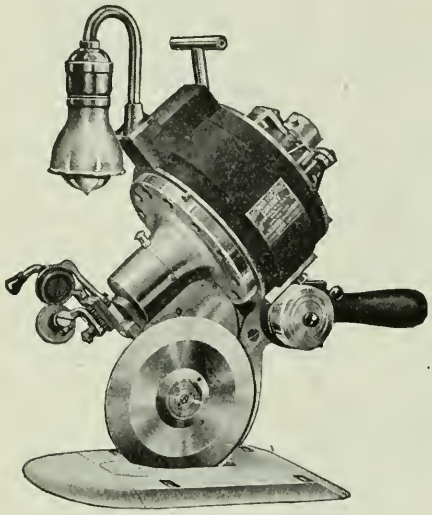

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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Meetings—First Friday of each month, at 8 p.m.

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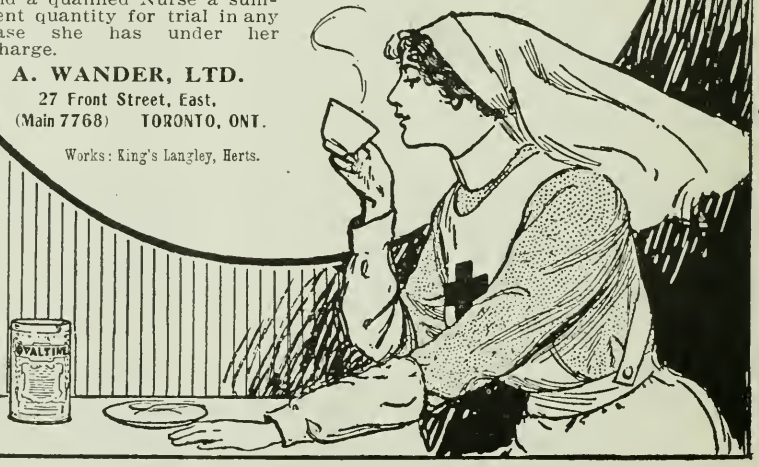

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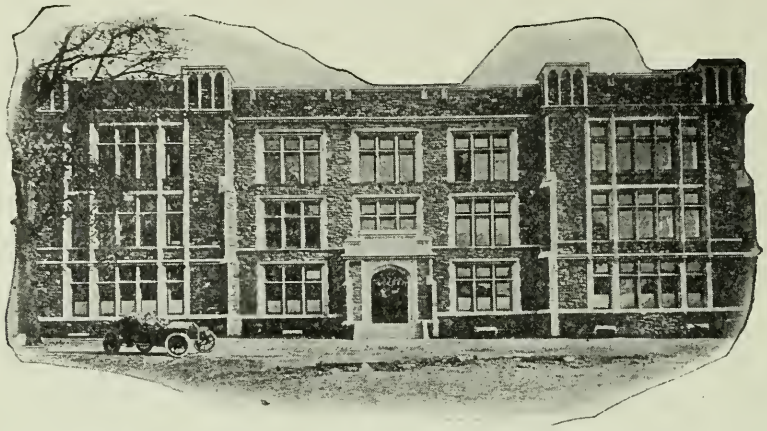
Regular Meeting—First Tuesday, 4 p.m.



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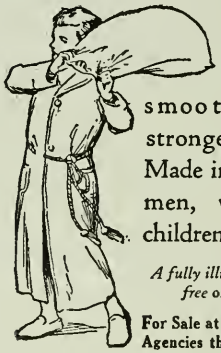

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Page

Report of Saskatchewan Registered Nurses' Fall Convention 744
Editorial 747
Letters to the Editor 748
News from the Medical World 750
Public Health Nursing Department 753
Community Nursing at Sulphide 754
Private Duty Nursing Department—
The Special Duty Nurse 758
Department of Nursing Education—
The Nursing Housekeeper in Training 762
The New Group of International Nursing Students 766
Secretary's Report at the Fourteenth Annual Convention of the Canadian Association of Nursing Education, May 30th, 1921 767
The World's Pulse 771
C. A. M. C. Nursing Service Department 773
Hospitals and Nurses 776

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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A MERRY CHRISTMAS

AND

HAPPY NEW YEAR

FROM

"The Canadian Nurse and Hospital Review"

Report of Saskatchewan Registered Nurses' Fall Convention

The first week of November might well have been called "Hospital Week" in Regina. On Monday the Registered Nurses met, and following their Convention, the Western Hospital Association and the Saskatchewan Hospital Association each met for two days; the Western Canada Branch of the Catholic Hospital Association also held its first annual convention at the same time.

Among the outstanding speakers present at the meetings of the two Hospital Associations were:—Dr. A. K. Haywood, Superintendent of the Montreal General Hospital; Dr. G. F. Stephens, Superintendent of the Winnipeg General Hospital, and Dr. M. T. MacEachern, Superintendent of the Vancouver General Hospital. Hospital problems were dealt with from every angle,—the community's duty to the hospital, and the hospital's duty to the community and to the patient; how best to secure the co-operation of those outside of the hospital as well as from the entire hospital staff, in order to give efficient service, most quickly and most economically. Much was said of "Hospital Standardization," and with a Medical Profession, Hospital Boards, and the general public already so alive to the necessity of providing proper hospital equipment, securing a staff of competent physicians, and providing proper system of records, that the hospital may be a safe place for the patient to enter,—we, as nurses, surely need have no fear of lack of recognition by the same medical profession, the same hospital boards, of the necessity also of standardization of the nurse's training course, and of provision of suitable equipment, that the training school may be a safe one for the student nurse to enter, and that the hospital may, at the completion of the course of training, safely give its guarantee that the nurses graduating from its training school are persons to whom the care of the sick may quite safely be entrusted.

The President of the Registered Nurses' Association, Miss Jean Browne, in her opening address, urged the need for united action, for unity within the province, and for the most hearty co-operation with the national organization; she warned against the danger of weakening the parent body by too many divisions into sections. Later in the day, Miss Browne gave a most delightful and instructive account of nursing conditions in England and France. Methods in the English Training Schools she had visited were compared with those in our Canadian schools. The excellent work of the supervised English midwife was most highly commended. Of particular interest was the account of the progress in the French training schools. The training of the French midwife, especially in one Paris school where a course of training extended over two years,

was also of great interest. It is hoped that Miss Browne's paper will appear in full in an early number of the Journal.

In reports of conveners of standing committees, the report of the nursing education committee, in which a number of recommendations were made, required special attention. The recommendation was made that training school superintendents and instructors of nurses should get together in longer conference than that provided by the regular association meetings, and the suggestion was made of an "Institute" for discussing methods of teaching, uniform systems of records, etc. It was decided to approach the University of Saskatchewan to see if, through the University, a summer course of one month might be arranged for the summer of 1922, which would offer opportunity for the "getting together," and where, under expert instructors, the most modern teaching methods might be demonstrated.

The question of affiliation of smaller training schools with larger schools, in order to make up certain deficiencies which must of necessity exist in the smaller school, was fully discussed, and, on motion from the meeting, was passed on for discussion at the meeting of the Saskatchewan Hospital Association. Rev. Mother Allaire was asked to present the resolution from the Nurses' Association. It is of interest to note here, that while the Nurses' Council, in the resolution they had presented, had suggested an affiliation period of at least nine months; the Hospital Association, while heartily endorsing the principle of affiliaton, recommended that the term of affiliation be one year, and, in addition to this, that the larger hospital assume the financial responsibility of the monthly remuneration of the student during the year of affiliation. The question was left open by the Nurses' Association for further discussion at the annual meeting.

In connection with means of increasing the circulation of the *Canadian Nurse,* it was decided to make the suggestion to the Editor of the magazine that a page or section be set apart for the use of training schools; and that this page should be devoted to material of an educational nature, such as papers by the students descriptive of new nursing procedures, illustrations, questions and answers, etc. It was hoped that in this way student nurses would be more interested in the journal, and it was felt that once having secured their interest, there would be no further worry about the renewal of subscriptions.

Reports of the conventions of the National Nursing Associations were presented by the two delegates, Miss Jean Urquhart and Miss Mabel Gray, who had attended the Quebec Conventions as the representatives of the Association.

Communications received from the National Secretary, and from the Conveners of National Committees were also presented and action taken

as indicated. The subject receiving most attention was that of the report of the National Memorial Committee. A resolution was passed pledging the most hearty co-operation of the Registered Nurses of Saskatchewan. The recommendation of the National Committee that a strong Provincial Committee, with Provincial Convener and Provincial Treasurer, be appointed, was carried out. The suggestion of the National Committee that contributions of five dollars be asked from every nurse before the public be approached for subscriptions was also approved. All funds raised in each province are to pass through the hands of the Provincial Treasurer before being forwarded to the National Committee. That nurses throughout the province may get in touch with the nearest member of the Committee for any information they may desire, the personnel of the Committe is given in full:—Convener, Miss Jean Urquhart, Director, Junior Red Cross, Regina; Treasurer, Miss Edith F. Macey, Instructor, City Hospital, Saskatoon; Members—Miss Gladys Jordison, Moose Jaw; Mrs. Bradbury, 408-10th East, Prince Albert; Miss C. E. Guillod, Superintendent, General Hospital, Maple Creek; Miss Ann Morton, Weyburn; Mrs. Feeny, Box 4292, Yorkton; Miss D. Gillespie, Superintendent, General Hospital, Swift Current; Miss Jean MacKenzie, North Battleford; Miss M. Montgomery, Lady Superintendent, Saskatchewan Sanitarium, Fort Qu'Appelle.

An invitation having been most cordially extended by the Prince Albert Nurses' Association to hold the annual meeting in Prince Albert next spring, the invitation was accepted, the date of the meeting to be fixed later by the Nurses' Council.

A CHRISTMAS THOUGHT.

If Christ were born indeed in the hearts of men to-day,
Then men would suddenly waken to know just why He came;
Came as Mary's baby, and in Mary's bosom lay,
While angels sang their Glorias, and told the world His name.
Gloria in Excelsis! O, hark—they are singing still!
Bringing their message to earth again—Peace and Goodwill!

Let Christ be born indeed in the hearts of men to-day!
Let ev'ry soul make ready its own blest Bethlehem;
And they who go with the Shepherds shall never miss the way—
And they who go with the Kings from the East shall find the Star with them.
There is still the song to sing, and still the prayer to pray,—
O Christ, be born indeed in the hearts of men to-day!

Blanche E. Holt Murison.

Editorial

The Editor, as business manager, discovers great lack of business knowledge in small affairs, as shown so many times by the nurses, in connection with the magazine. As is well known, the magazine finances have to be carefully husbanded in order to make ends meet, and, knowing this, one feels certain that it is only ignorance of business matters that permits a nurse to add her mite to the financial burden. Every nurse should know, for instance, that a cheque sent outside her own city must have the exchange added to it. She should add at least 15 cents to each cheque under $50.00 and 25 cents for more. Every two dollar cheque costs exchange, and fifteen cents repeated many times and deducted from our small subscription price soon mounts up to a considerable sum of money. Another important point to be remembered by the sender of cheques is, that if made out on a savings account, the number of the account must be put on the cheque; another, that the name of the organization as well as the proper officers to sign such cheques must be written or stamped; and lastly, a two-cent stamp must be placed on it by someone—if not the sender, then the receiver must pay it. "Many a mickle makes a muckle," says the old Scotch proverb, and we find it true in this office when we have the many small sums added into the large ones at the end of the year, which makes our financial statement smaller on the right side. Postal notes or money orders are preferred, as these matters must be attended to by the one remitting. The Editor feels sure that it is only lack of financial knowledge, and that, after this notice, things will be changed and the magazine office get the full value of every cheque received.

* * * *

"I must give up nursing," said a splendidly successful nurse the other day. "I can no longer stand the strenuous work and the long hours of private duty, much as I love my work." "I have been kept very busy; doctors felt that I should not refuse a case just because I felt tired—not ill, but tired, mind and body. So I, loving my work, and partly, too, because I felt I must earn enough in my early professional life to keep me later—took fewer holidays than I should. Now I must stop—and what can I do?"

Some such conversation as this is heard often now—and will be heard still more often in the future. Our profession is young, and we are only now seeing the early graduates out of the running, and the

question for nearly all of them is, "What can I do?" What could you or I do, if we had to stop our professional work as nurses tomorrow? Have we the resources within us to take up another less strenuous line of work, or have we been among the wiser women who will have provided at least the money for a home and change of work?

The young, healthy, enthusiastic graduate does not realize in the least the comparative shortness of her working life, nor the necessity of making some provision for her future. Very few women can earn enough to provide for the day when the "grasshopper becomes a burden"—no—not even the private duty nurse of whose "exorbitant charges" it is so popular to talk. Could the necessity for insurance for future income be made the theme for this winter's work in the various nursing associations—with special attention paid to the nurse just graduating,—some of this worry for the future might be avoided. It is hard to convince the young of the value of such provision, but even when Prince Charming does come,—an insurance policy promising certain returns in years to come is not to be despised.

Letters to The Editor

Dear Editor,—

I should greatly appreciate if you would publish the following question in the next issue of your magazine.

I am seeking information re the "War-Graduate" nurse. I am woefully ignorant as to her standing in the ranks. Can anyone enlighten me? Is she a V.A.D. with the "Graduate" tacked on for her services rendered O.C.? In the November publication of the *Canadian Nurse* my ignorance is once again confronted by still another kind of new nurse—the "Public Service" nurse. Who is she? I should be very grateful for enlightenment.

Thanking you,

Respectfully yours,

B. M. R.

AN APPEAL FROM ILLA, FORMOSA.

Dear Canadian Nurse Readers,—

When the call came to our Dominion in 1914 to "Shoulder Arms," was there any lack of response? When, shortly following that, the call came to our nurses for their assistance, was the response any the less hearty?

The need for men 'over there' is almost over, and our nurses have

again resumed home duties. But what of God's great 'Over There'?

In Formosa, our hospital has 81 beds, with two foreign and twelve native nurses. One of these foreign nurses is in Canada now on sick leave. The work has been suspended for a time, but we hope in 1922 to start again. The institution will need two foreign nurses and there is not a second one in sight.

On every hand the Chinese are asking, "When will the hospital open?" The patients are here, the doctor is here, but still we wait for a nurse.

The primary aim of the hospital is to be a means of saving souls, and to this end Christian teaching is carried on continuously. The work is fascinating and absorbing, with almost unlimited scope for one's energies and the working out of individual ideas.

How long? The nursing department is much too heavy for one foreign nurse. Who is there, from our Canadian nursing world, who will share this burden?

ISABEL ELLIOTT, R.N.

October 4th, 1921
Taihoka, Formosa, Japan.

For further information, please address Miss Elliott, Taihoka, Formosa, Japan, or Mrs. R. J. Maclennan, Presbyterian Secretary W.M.S., 31 Oriole Parkway, Toronto, Canada.

A Bright and Blessed
Christmas Day
With echoes of the angels' song
A peace that cannot pass away
And holy gladness calm and
strong
And sweet heart carols
flowing free
This is my Christmas wish to
thee

News from The Medical World

By Elizabeth Robinson Scovil.

Pneumonia.

The Journal of the American Medical Association publishes an extremely interesting article on pneumonia. It advocates the use of an alkali to correct acidosis, and, even when this is not present, to raise the bicarbonate level of the blood, making it possible for the patient to exist with a smaller intake of air. It should be given only in amounts sufficient to make the urine alkaline when tested with litmus. Oxygen should be administered carefully and intelligently, with a modern apparatus, almost continuously, by a specially instructed nurse. Its continuation should be governed by the effect on the cyanosis and the comfort of the patient.

The Metric System.

A plea is being made for the universal adoption of the metric system. It is used by all the civilized world, except Great Britain and her colonies, Russia and the United States. Even Russia, before the war, calculated all her imports by this system.

A Woman Honored.

Dr. Louise McIlroy has been appointed to the chair of obstetrics and gynecology at the London School of Medicine for Women. She was surgeon in charge of the Scottish Women's Hospital at Salonika and Belgrade for four years, and since then has been gynecological specialist in the Eighty-second General Hospital, Constantinople.

Open Air for Babies.

The Southern Medical Journal strongly advises keeping babies and children, even sick babies, in the open air. It will give them better appetites, cause them to gain in weight, allay nervousness and improve sleep. A sick baby's chances of getting well are increased and a well baby's chances of getting sick are diminished. Tuberculosis, pneumonia, bronchitis, colds, etc., are house diseases. In summer use as little clothing as possible, in winter dress warmly.

Scarlet Fever Inoculation.

The Lancet, in reporting some experiments, says that prophylactic

inoculation against scarlet fever, with the blood of a patient taken before the eruption appears and given subcutaneously, causes no local nor general symptoms and protects against infection.

Breast Milk that Disagreed.

A French Journal reports the case of a child who, from the fourth day of its life until nearly five months old, had fetid diarrhoea after each nursing. At that time 1 c.c. of the mother's milk was injected into the wall of the abdomen, and three more injections of 2 c.c. each were given in the course of a month. The child had no further disturbance. In a second case a single injection of 5 c.c. was sufficient. There were no bad results.

Cocoa in Acute Ileocolitis.

Cocoa is recommended as having a distinct curative effect on the lower intestine. The child suffering from ileocolitis is fed every four hours. At 6 a.m. cocoa; 10 a.m. cocoa and junket; 2 p.m. broth and scraped beef; 6 p.m. cocoa and junket; 10 p.m. cocoa. In twenty-four hours the stools begin to improve and show semi-solid fecal contents, on the third or fourth day toast and eggs are given. The cocoa is made with a teaspoonful to a cup of water, sweetened with saccharin. At the end of a week potato and baked apple are added to the diet. It is stated that milk, being a mixed food, should be stopped when diarrhoea begins.

Repair of Lacerations.

Immediate repair of lacerations on the delivery table is advised when the woman's condition is good and the surroundings and equipment are favourable. Otherwise, the repairs are best done within thirty-six hours.

The Health of London.

In 1920 the birth rate in London rose from 18.2 to 26.4 per thousand. The death rate fell to 12.6, the lowest ever recorded. The infant mortality was 76, compared with 85 for New York, also a large center of population.

Resusitation in Anesthesia.

An Australian medical journal disapproves of the use of Sylvester method to restore breathing when suspended under an anesthesia. Rapid pushes over the sternum are advised as rapidly ventilating the lungs. Should the heart fail, atropin, strychine, or pituitary extract, may be injected into the heart muscle.

Feeding Premature Child.

A child weighing 1 pound 6 ounces at birth was fed hourly for the

first 48 hours with a small quantity of cream and whey mixture, 3 ounces in 24 hours. The child was laid to the breast from birth, though too weak to nurse. Breast milk obtained by breast pump was given by pipette or spoon, 1 dram every two hours for the first few days, increased in three weeks to 6 drams every three hours. The child lived and gained.

MISS JEAN WILSON, R.N.

The successful applicant for the scholarship given by the Canadian National Association of Trained Nurses at McGill University, Montreal, is Miss Jean Wilson, who is a graduate of the Lady Stanley Training School in connection with the County of Carlton General Protestant Hospital. Miss Wilson was a prominent member of the Registered Nurses' Association of Saskatchewan, and held several important hospital positions. She is taking the course in hospital administration and has the honour of being vice-president of the 1921-1922 class in the McGill University School for Graduate Nurses.

Miss Wilson was Superintendent of the Moose Jaw General Hospital for several years, resigning on account of ill-health. She is a charter member of the Moose Jaw G.N.A., member of the Executive of the Saskatchewan Hospital Association, a member of the Executive of the local Red Cross, and during the war conducted classes for V.A.D's.

miles distant—but in January, 1920, a nurse was employed instead, and this has been found more satisfactory.

Some years ago an Employees' Association was formed for the purpose of managing the affairs of the employees. Each employee pays a monthly fee, and, for each $100.00 raised by the Association, the Company puts in $100.00. These funds keep up the recreation hall, the sick benefit fund and the nurse's salary. A small hospital is connected with the Club-house, where the nurse resides. The Company provides the drugs and supplies used by the nurse for dressings in the hospital and for use on her visits.

As far as industrial nursing goes, very little is done. Such stress is placed upon prevention that few accidents occur. Men come to the hospital to have every little cut dressed, and there have been no infected wounds since I came. Two men have lost a little time owing to accidents since April. The mine is well ventilated and the miners seem healthy. One case of tuberculosis has developed, but the man has been working here for a very short time and had a history of previous hemorrhages.

When someone becomes ill, the nurse is usually sent for at once. When I do not feel that I should assume the responsibility of the illness, I advise the family to send for the doctor. As a rule I find people unwilling to go to that expense. They think a nurse should be able to examine heart and lungs and diagnose all kinds of cases. Many would have their dentistry done, too. One man, with a few old roots in his mouth, is reported to have said: "She ain't no real nurse—she won't pull no teeth." Of course it is the more ignorant class who expect so much.

During a patient's illness I call every day if necessary, note the symptoms and give any nursing treatment that cannot be given by the people themselves. The health habits of the patient are always inquired into and instruction given regarding his diet and hygiene. In adults it is nearly always necessary to give advice regarding dental attention and the correction of constipation. The doctor's visits are necessarily few and much is left to the nurse. Nearly all the families have young children and there are no unmarried women in the village, so the problem of household help is hard to solve.

The nurse does pre-natal work, school work and infant welfare work as time allows. Pre-natal cases are visited and fortnightly specimens asked for, but these are not always sent to the nurse. Two cases of albuminuria were found this summer. Nearly all the mothers nurse their babies. Of course there is a tendency to feed them too often,though they know better.

We were fortunate to have Dr. Bell and Miss Osborne at a Child Welfare Clinic, August 25th and 26th. Ninety children were examined, sixty of whom came from Sulphide. The clinic was a great success and has stimulated a greater interest in Child Hygiene in both parents and children.

Dr. Bell noted that there were no cases of rickets or scurvy. No pediculosis and very little skin trouble, just two cases of impetigo. There were fifteen cases of malnutrition, eleven being due to tonsils and adenoids, one to bad teeth and three to improper feeding. The children's teeth were well brushed and they looked neat and clean.

As a rule the homes are well kept, well ventilated and the food well prepared. Of the more ignorant class—many of whom neither read nor write—less can be said. I found a case of scabies at school the other day and asked the child when he had had a bath. The reply was, "Not since the clinic, Miss."

There are about ninety children in Sulphide. During the last six months there have been seven births, no deaths and no serious cases of illness among children. In children up to five years of age, six cases of diarrhoea have occurred, most of which recovered in 24 hours.

The leading people in Sulphide are much interested in the work. The Superintendent, Mr. De Blois, could not do more to help the work along, and his sympathy and co-operation are of great assistance. The teachers, the Chairman of the School Board and the President of the Employees' Association, all deserve special mention.

The teachers are very enthusiastic public health workers. In the domestic science department the girls are learning to prepare the diets for children as outlined by the Bureau of Child Welfare. In their Art classes they are to make posters, printing on them health rules. We are hunting up pictures suitable for these posters, and the children are quite enthusiastic. We have Mother Goose Health Rhymes, which the children want to sing. The children are much interested in their weights, and I only wish I had more time to spend with them. I give them weekly talks when time permits, and they remember easily what is said. Practically every hand goes up when I ask a question in review.

We are to have a "Tonsil Day" to do the work recommended at the clinic. When making the follow up calls after the clinic, I was much pleased with the attitude of many of the people. In some cases we started at the baby and went up to the grandfather. Recently I called at a home where several of the children were under weight. The mother was doing her best to follow Dr. Bell's advice. When I asked little Pauline how she was getting on, she said, "I have had one chocolate and one peppermint since the clinic. We eat porridge and we haven't been to the movies."

JESSIE J. FARQUHARSON,

A recommendation has been forwarded to the Public Health Section from the Public Health Committee of the Graduate Nurses' Association of Ontario, suggesting that an application form be prepared for

the use of members wishing to join the Public Health Section of the C.N.A.T.N.

Acting upon this recommendation, an outline will be prepared by the officers of the National Section and sent to the several provincial representatives for their approval and suggestions. In addition to securing enrolment of new members in the Section, such a form should be an excellent means of gathering information concerning the various types of public health nursing undertaken throughout the Dominion.

In response to a request from Miss Smith, Editor *Public Health Nurse*, Cleveland, Ohio, a short account of the development of Public Health Nursing in Canada will be prepared. The several provincial representatives have been given an opportunity to make their contribution to this article.

CHRISTMAS.

Ring out the old, ring in the new,
Ring, happy bells, across the snow:
Ring in the valiant man and free,
The larger heart, the kindlier hand;
Ring out false pride in place and blood,
The civic slander and the spite;
Ring in the love of truth and right,
Ring in the common love of good.—*In Memoriam.*

WANDERING JEW'S CHRISTMAS.

There was a common belief in some countries that the spirits of the lost had rest on Christmas night, and that when the hour comes that ushers in the holy season, the Wandering Jew rests his weary feet, and with sad, upturned face gazes in the direction of Jerusalem where he struck the Saviour in the time of his trial. A lamp or candle must not be permitted to burn to its end on Christmas, as that forbodes a death in the family during that year. For the same reason a live coal must not be taken out of the home on that day.

Private Duty Nursing Department

The Special Duty Nurse

By "A Special."

Three of the largest and most remorseless nurses of my acquaintance have dragged me from my bed, I am on night-duty, and have pushed and pulled, and pinched and shoved me down in a chair, and thrust my fountain pen between reluctant fingers. "There now, quit your snivelling and get down to brass tacks! You know you can't sleep in the day-time anyhow, and a little consecutive thinking ought to keep your mind clear for going on duty to-night!" Protestations are vain; and all because I have the unhappy faculty of saying right out in meeting what everyone else is thinking, but is too ladylike to voice. So, with a very addled brain, and a gone sensation in the region of the epigastrium, (I breakfast at 7.15 and it is now 4 p.m.), and the down-trodden feeling of the small boy, compelled to write an essay on, say, the horse, I lay a languid pen to paper and try to recall off-hand what I know about the "Special-Duty Nurse."

The Special Nurse is the only animal in captivity (I use the word advisedly) who works every day, Sundays and holidays included, for twelve hours a day. Even in nursing institutions, the very least she ever gets is eleven-hour duty. People in private homes being more liberal, (Auntie is so perfectly devoted to her nurse, you now, it would kill her to make a change!") she is encouraged to keep on duty twenty-four hours, chiefly, one fancies, because there are not twenty-five in the day, though, to do them justice, they are not averse, on occasion, to letting her stop over into the next twenty-four, when, after a short interval, she is got on her pins, and permitted to go at it again.

One of the chief complaints voiced against the Special by members of more fortunate departments is, that she lacks public spirit, is so inarticulate.

Unless a Special deliberately leaves her work and prepares herself for the event, how is she going to get the time or generate the pep to take an active interest in her organizations, address a meeting, or prepare a paper that will do either it or herself credit?

I have been asked, too, what the Special was doing to solve her problem if she fancied she had one. That is a large order, considering it is the problem of the whole of the dear public, she being but the victim of it. No single class of humanity has a right to be preyed upon by the rest of it, and when, after many years, the Special registered her protest against it, and implored a ten-hour (10-hour) day, she was set upon as

though she were a criminal. She remembered, however, that for forty-eight years, before the English suffragette, bent on securing the vote, ever smashed her first window, she had been trying by every peaceable means to secure it.

In 1832, when the male commoner decided he had to have the vote and it was denied him, he mutilated beautiful cathedrals and burned the city of Bristol. So the Special took heart of grace and said, that in these enlightened times when everyone was supposed to be entitled to the pursuit of happiness, in at least a modest degree, surely some way would be found to permit her to prosecute so important a work, and one she loved so well, and, at the same time, secure to her the possibility of indulging in a little play-time, a little study of other things, the reading she, in common with other intelligent persons, longed to do.

Is it really unfair for any class of workers to demand that they shall not be engaged for longer than ten hours a day? Is it cruel and unwomanly to ask some share in life beside that of labour? Why should she alone, of all the world's workers, look wistfully out at others, leading to some degree their own lives? Some one replies: "Well, then, why did she go in for such a life?" The young girl of twenty has no more idea than a rabbit what she is going into, as any mother, like my own, can tell you, when she tries to deter her. High ideals, ardour and altruism, have not yet been hampered by stern reality. Her young mother-heart yearns to succor humanity (what boy with such a course open to him would avail himself of it?), and then—the sweet uniform! and so she is innocently led into a life, is schooled and settled into a life, that no wholesome-minded woman could possibly be delighted to maintain forever. It would be a morbid whim.

The writer could find no more congenial work anywhere, despite what many people call its draw-backs, but no intelligent woman enjoys being made into a species of slave for life.

The undergraduate patiently bears with her arduous training, impatient for the wonderful time when she can earn the fruits of her labours. In a very short time, when she becomes used to the joy of supporting herself, she realizes that she is cut off from everything in life but toil, and that, frequently of the most arduous character. She has no play time, she lives in a club-bag. She sleeps on a stretcher, or is tucked away in an attic room, possibly a maid's room, if indeed she get any rest at all away from the patient's room. If she takes institutional work, she must rise E-V-E-R-Y morning at 5.30 (if she is so fortunate as to be on day duty), take the street car before even labourers are abroad, change into her uniform amidst a scramble of some score or two of other nurses, get her breakfast, and stand at her patient's bedside at seven o'clock. She gets not one hour off duty until seven p.m., and arrives home anytime after eight o'clock. Should she care to go to a play, it is too late, if she goes to a movie for a change, it is the second,

and it is well-nigh midnight when she gets to bed, and her remorseless alarm goes off at 5.30 every morning, including Sunday. This is her life, the reward of the long, arduous training which produced a highly skilled human being. Is it strange that she should sometimes be called mechanical? Is it strange that sometimes that awful smile W-O-N-'T stick on? And others ask why she so lacks public spirit, why she doesn't keep abreast of the times, why she is so apathetic toward her organizations.

Of course there are so many varieties of the genius nurse now-a-days, anyone of which is less exposed to criticism than the Special, and into which she might change, that after awhile, when she feels sufficiently harassed and fed up on long hours, she will just fold up her uniform and silently steal into one or other of them. After all, what she wants is not to change her mode of activity, but to get it in somewhat less heroic dosage than eighty-four hours a week, and then some.

I sometimes think that the male of the species, with his wholesome selfishness, his insistence whatever comes or goes on 44 or at most 48 hours a week, is only sensible. Why should the weaker vessel behave as though she had twice his strength? It is not as though by faithful work she grew into a finer position, a larger salary, or that time and experience enhanced her value to herself, as well as others. She dies or marries, at precisely the same status at which she graduated. And her life is not sacrificed to the poor, but to the best-to-do element in any community, which, under no circumstances, would dream of working as she does.

It may be deplored, but it cannot be marvelled at, that the dernier young woman does not find a nursing career attractive, and that the day is past when only that field or that of teaching was open to the lady who wished to bark for her own bone. Many useful lines are open to her now in the business world, and it has ceased to be infra dig to follow any of them. The writer's closest friend among Specials registered her violent protest by entering the business world. Her individual case looks especially attractive to the Special, and, of course, is unusual. She breakfasts at nine o'clock, quits work at 5, has all of Saturday off, as well as Sunday, and in her first six months she made more money than in a year's nursing.

My paper is already far too long, but I cannot close without briefly setting forth some ideas I have evolved anent the solving of the problem of our awful hours.

In England they have countless institutions called "Nursing Homes," and, I fancy, they could be as large or small as necessity dictated. I don't know how they are run, but they are for the exclusive use of the well-to-do. Such institutions could be equipped for medicine or surgery, or both, and be entirely manned by graduated nurses, on eight-hour duty, each nurse taking care of two ordinary patients, and only the very sick patients being permitted a Special, who should be remorselessly relegated to regular two-patient-duty, when possible again, irrespective of selfish patients' whims.

In this way a nurse would do a good full eight-hour-day's work, and get away from it. Under no circumstances should she have longer hours or more patients thrust upon her. Patients could pay a flat rate for their nursing, out of which the nurse would automatically be paid. By employing many fewer nurses for night duty, nursing rates by this plan would be much less for the patient, and the hours more reasonable for the nurse. In the event of exacting patients demanding a Special when it was not necessary, rates could be made so prohibitive that only multi-millionaires could meet them. They would amount to young endowments, to be paid only into the coffers of the institution and constitute a source of revenue.

At this juncture, one of the remorseless three sings out: "Say, after all you only contracted to write an article, you know, not a serial!" Fortunately, it must be rushed to press and they can't censor it. Just the same, I'll have a bad time when next month's issue comes out: "How like old thing, to go and spill the beans like that, after our consenting to let you write it! Oh, don't worry! We won't give it away that one of our bunch wrote it! It beats me how you could go and give away our real sentiments after all these years of doing the sweet Christian sister! Hop along now! It's time you got over to that D. T. of yours! As it is you'll be too late for supper!"—*Selah.*

THE CHRISTMAS QUEST.

"And remember, my son, the King whom thou seekest is not to be found in a palace, nor among the rich and powerful. If the light of the world and the glory of Israel had been appointed to come with the greatness of earthly splendour, it must have appeared long ago. For no son of Abraham will ever again rival the power which Joseph had in the palaces of Egypt, or the magnificence of Solomon throned between the lions in Jerusalem. But the light for which the world is waiting is a new light, the glory that shall rise out of patient and triumphant suffering. And the kingdom which is to be established forever is a new kingdom, the royalty of unconquerable love.

"I do not know how this shall come to pass, nor how the turbulent kings and peoples of earth shall be brought to acknowledge the Messiah and pay homage to Him. But this I know. Those who seek Him will do well to look among the poor and lowly, the sorrowful and the oppressed."

"The Other Wise Man—Van Dyke."

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The Nursing Housekeeper in Training

When attempting to arrange my thoughts on the subject of the Nursing Housekeeper, in order to present them to the Association of Nursing Education, I found it difficult to decide how best to deal with the subject. As educationalists, you will no doubt want to know whether her training is sound. Another thought occurred to me,—some may ask why this secondary nursing body with a less complete nursing training than the nurse. Are the nurses of to-day too highly trained that we need a body less well equipped, or is there another reason for the existence of this secondary body?

Let us answer these questions briefly:—A secondary body is needed because there is a shortage of fully trained nurses, not because there are fewer graduated each year, but because there are so many different kinds of service open to the graduate of to-day.

Are the nurses of to-day too highly trained? I should say not, decidedly, No! They cannot be too well trained for the many important tasks awaiting them. But do all calls for nursing require the most highly skilled nursing? In my mind they do not. What of the nurse of yesterday who went into the home, looked after the patient, the children and the household in general? She is more difficult to find to-day than she was ten years ago. Is it that the nurse of to-day is unable or unwilling to do what other nurses did? I think, not exactly, though we have to recognize that conditions have changed very much in all professions and callings during the past few years. With a seriously ill patient, it is impossible for any one woman to look after the patient as well as doing everything else; the patient must suffer. And with the patient who is not seriously ill, and the main duty is that of the house and family, the nurse of to-day considers that that is not nursing, but house-keeping, with simple nursing care such as might be given by almost any person. Yet not quite by anyone, and certainly not safely by anyone without a certain knowledge of the essentials of nursing,—this then is the reason for the secondary, less highly trained body.

Speaking especially to training school superintendents, we must remember that there is a danger of our vision being obstructed by the walls of the institution. There is the danger of thinking that all the sick are within hospital walls, and that, if they are not, they should be. Statistics go to show, I believe, that not more than ten per cent. of the people who are seriously ill are cared for in hospitals. There are degrees and

degrees of illness, and it seems only reasonable to suppose that all do not require the same skilled nursing care.

There is no doubt, however, that the recognition of a secondary nursing body by the graduate nurses is an important step. If any group of nurses is to be affected, it will doubtless be the private duty nurse. If the training and recognition of this secondary body is to do any injury to this splendid body of women, then some other solution of the problem must be sought. But, is the work of the private duty nurses interfered with in any way? The nurse attendant is not wholly in the experimental stage.

In Brattleboro, Vermont, the Brattleboro Mutal Aid Society, with the Thompson School for Training Attendants in Household Nursing, has been in operation for twelve or thirteen years. The Detroit Home Nursing Association has been in existence since 1913, and the Household Nursing Association, of Boston, since 1917. These are only a few examples of what is being successfully carried out in some of the American cities, where the nursing attendant plan was tried out before we had accepted the plan in Canada. In all of these places the household attendant works in very close co-operation with the fully qualified nurse.

In the great cities there is no dispute as to the need of women with varying degrees of training and ability; the only question is, how can she best be prepared for the kind of duty she is to undertake.

What of our prairie provinces, of their towns, and of the people in the settlements far away from towns, and all the things associated with towns and cities?

May I tell you something of Saskatchewan?

It is estimated that Saskatchewan has a population of 800,000 people scattered over its 250,000 square miles, fully 70 per cent. of them being resident in the rural districts. Saskatchewan, as you know, being the great wheat-growing province of Canada. And to care for this people in time of sickness, it is estimated that there are not more than 500 fully qualified nurses engaged in all branches of nursing. For the 330 odd little villages, 80 towns and 7 cities, there is not much more than an average of one doctor and one nurse for each. What, then, of the people in the surrounding country? Truly we have a splendid system of municipal hospitals, but there are less than forty in all. What of the people in the settlements far away from railways? Here the Red Cross has come to the rescue, and is establishing its four-bed out-posts. Here the Red Cross Nurse has proved a veritable God-send to the people who are leading pioneer lives in this country.

Let me tell you of two inquiries received within the last week.

From a German settlement comes the request from the school teacher for advice as to a short term of training for a young woman of German

parentage, a "practical nurse" who has bought a small house and is working in the settlement, and has already done much, as the teacher writes, "to clean up the people physically and morally, that those of us who do not know the people and the language will never do." She has had no definite training, and wishes to have such training as will, within as short a time as possible, better enable her to do the work she is attempting.

From another foreign settlement, where the infant mortality rate is appalling, comes the question, "Could one of the brighter young girls of the settlement have a few weeks intensive instruction in the care of babies? Could she live in a home where a baby is being properly cared for, and where the people are living under proper hygienic conditions? Could she attend some baby clinics? The people are ready to learn, but they have little or no knowledge of English, and they are difficult people to reach.

Can we spare three years for these young women to be trained in all branches of nursing? Would they be eligible for admission into our best training schools?

Just as the cities have their own problems, so this new country has its own difficulties to overcome. In the cities, the household nurse is trained in the city where she is to work; so in our province, we give the one-year training to the nursing housekeepers in the smaller municipal hospitals—hospitals of from twelve or fourteen beds up to those of twenty beds. That there may be no confusion, only such hospitals as do not conduct the regular nurses' training course are eligible to conduct the course. Many of the conditions in these small hospitals are very similar to those which would be found in the homes of the neighborhood. The students assist in household duties as well as in the simpler nursing procedures.

A course of study, arranged by the University of Saskatchewan, is followed in each of the institutions. The theoretical part is covered in about fifty classes.

The course in Anatomy and Physiology and that in Hygiene are very elementary, covering only such information as every woman should have. Demonstrations are given in elementary nursing procedures,—the care of bed patients, including the special care required by chronic patients, and such simple nursing procedures as the application of fomentations, plasters and poultices, the giving of a simple enema, etc. Is this more than is given in any of the home nursing classes as conducted by the St. John Ambulance or the Red Cross? Is this more than any mother should know in order to take care of a sick child or of a bed-ridden parent? In addition to the demonstrations given in these nursing classes, these students have the advantage of practising, under the supervision of fully qualified nurses, the procedures which have been demonstrated to them.

The instruction is, of course, carried out farther than would be

possible in a series of lectures and demonstrations. Instruction is given in the administration of medicines, in the taking and recording of temperature, pulse and respiration, and something of the significance of variations from the normal. Instruction is given in the care of infants and children. Maternity patients are the patients most frequently admitted to these hospitals. There is not, of course, a children's ward, but, in the term of training which each student has at the Saskatchewan Sanitarium, each pupil spends a portion of the time in the children's pavilion, where some forty children are under treatment. In the obstetrical course the students are taught the things which every expectant mother should know,—the hygiene of pregnancy, the danger signals, the needful preparations for the baby's arrival. The student is also present at a number of cases and assists the physician, that in cases where no nurse is available she may assist intelligently.

Three months of the year of training is spent in the sanitarium. As dietitians are not engaged by the smaller hospitals, a short course in dietetics is included in the instruction given while in the sanitarium. As well as the special instruction in the care and prevention of tuberculosis, a short course in bacteriology is also given here. Practical demonstrations of the wide-spread presence of bacteria making it possible to emphasize the special precautions which must be taken in the care of the tubercular patient, and also form a ground work for the understanding of the importance of observing a careful technique in all nursing procedures.

Will a woman who has had such a training not be a benefit to any community, and especially to such rural districts as I have described, where the only available help at present is the willing, though untrained, neighbor, or the partly trained, or wholly untrained "practical nurse?"

This course is conducted under the University of Saskatchewan, which has appointed a supervisor to visit at regular intervals the hospitals in which the course is being conducted. This supervisor has also been appointed by the University as the examiner of the students. At the successful completion of the year of training the student receives a certificate from the University.

Some criticize the granting of a semi-professional standing to these young women, others question how is she to be controlled, while others ask how are you to insure that she will remain in the rural districts where she is so much needed?

The nursing association asked the University to undertake the responsibility for the proper conduct of the course, feeling that if the course were not conducted under an educational body, the very "something" which happened with nurses would again happen with this body. Need I remind you of the exploitation of nurses in the past? Is it indeed altogether a thing of the past?

As to the control of the individuals after the completion of the

training, provision is made by the University for the annual renewal of their registration, subject to a satisfactory report from the supervisor. The intention is thus to keep the nursing housekeepers and their work under a certain amount of supervision as long as they remain in the province. Should any fail for a period of two years to renew their registration, while practising in the province, they will not again be admitted to the register. The registration is not otherwise compulsory. If they are permitted to register at any register of Registered Nurses, it will be doubtless made compulsory by the registry that they should be registered with the University. Until the registration of all classes of nurses doing any form of nursing service for remuneration is compulsory, it would scarcely be possible to make registration for this one class compulsory. It is not out of reason, however, to expect that the same code of honor which guides the actions of the nursing profession might also govern this secondary body.

How shall we insure that she will remain in the rural districts where there is such urgent need? We cannot insure it; these young women are free agents. But by the careful selection of the candidates, and by the fact that the majority are selected from rural homes, trained in the rural districts by women who are themselves trying to do their part to meet the needs of the people of the country, by the fact that a number of these young women have already recognized the need of their fellows, and entered upon this training with the express purpose of being able to help those who so sorely need help,—this gives us faith to believe that we may count upon them to do their part.

Is it an impossible dream to hope that through the Red Cross outposts, and through the municipal hospitals, health centres as well as places for caring for the sick may be established, that we may bring to the people of the prairie a district nursing service? With the fully qualified nurses, and the household nurses, we hope to bring to the people of our province a service which will compare favourably with that provided in the most advanced cities. As a part of the general scheme to provide adequate nursing service, we submit for your consideration and criticism the Saskatchewan scheme for the training of nursing housekeepers.

MABEL F. GRAY,

Read at the C.A.N.E. Convention, Quebec, 1921.

The New Group of International Nursing Students

The new Course of Training for Public Health Nurses, in connection with the League of Red Cross Societies at Geneva, began at Bedford College for Women, University of London, on Thursday, October 6th, and most of the group of twelve nurses have already arrived in this country. Some hold scholarships provided by the Red Cross

Societies in their own countries, one a scholarship given by the Rockefeller Foundation, and others are paying their own expenses, which proves how the course is appreciated.

Its object is to seek out in all countries the nurses who by reason of intelligence and training may become leaders in the evolution of nursing ideals in their own country. They will receive the necessary knowledge and inspiration, so that upon their return they may become Pioneers in Public Health Nursing, where that service is just being started. In countries where nursing is well developed, by reason of their greater knowledge they will strengthen the world-wide nursing bond.

The amount of each scholarship is £250, which covers tuition, laboratory fees, and special fees to the college, board, residence, books, laundry, necessary transportation and incidental expenses connected with the course.

The student must possess a diploma or certificate as regulated by the highest nursing standards of the country which she represents, and it is expected that in selecting students particular attention should be paid to the necessity for unusual intelligence to enable them to profit by a course which is necessarily intensive.

The course will be both theoretical and practical, and lectures by trained nurses are also to be arranged.

The members of the present group include:—England, Miss James; Canada, Miss Moore; New Zealand, Miss Webster; Austria, Miss Danko; Bulgaria, Miss Christova; Czecho-Slovakia, Miss Anzenbacherva; Hungary, Miss Hodessy; Japan, Miss Tabuchi; Mexico, Miss Deuchler. The students from Finland, Lavia, and Esthonia have not yet arrived. The group is in charge of Miss Waters, who superintended the one, which last year studied at King's College for Women.—*British Journal of Nursing.*

Secretary's Report at the Fourteenth Annual Convention of the Canadian Association of Nursing Education May 30th, 1921.

Madam President and Ladies:—

I herewith present to you the fourteenth annual report of the Canadian Association of Nursing for the year ending May 30th, 1921.

We have on our books the names of 159 members, of whom 119 are in good standing. During the year fifteen new members were added and two have resigned.

Two new chapters have been formed, one at Ottawa, known as the Ottawa Chapter; and one, which includes members of the C.A.N.E., in Hamilton, Galt, Kitchener, Waterloo and Brantford, known as the Hamilton District Chapter.

During the year six executive committee meetings were held and one conference with the executive of the C.N.A.T.N.

The committees who have served during the year are as follows:—

Nominating Committee—Convener, Miss M. Martin, Winnipeg.

Programme Committee—Convener, Miss V. Winslow, Medicine Hat.

Publication Committee—Convener, Miss Dickson, with the Editor of the *Canadian Nurse* and the Secretary.

National Publicity Committee—Convener, Miss F. J. Potts, Toronto.

Arrangements Committee—Convener, Miss M. Shaw, Quebec.

Miss Catton was appointed to take charge of the C.A.N.E. page in the *Canadian Nurse.*

Later reports will show the work accomplished by these committees.

The questionnaire sent out by Miss Wheeler last spring, which was presented to the association at their meeting in Port Arthur last summer, was filled out and returned to her.

From several hundred returns sent in by organizations, hospitals, doctors, nurses, and some lay persons, Miss Wheeler compiled a report and presented it at the convention of the American Hospitals Association, held in Montreal last fall. From the report it could be seen that the value of higher education for the nurse and better living and working conditions are being more widely appreciated than formerly.

As a preliminary step toward establishing a standard curriculum for nurses in the schools for nurses in Canada, a letter was sent to the different Provincial Associations, asking them to send a copy of the standard curriculum used in their province, if such had been established. A copy was received from British Columbia, Saskatchewan, and one, that was at the time under consideration by the university, was sent from Alberta. Apparently in the other provinces the curriculum followed is decided by each individual school. Many of these are using the American standard curriculum in a modified form.

It is thought that nursing education in Canada would be greatly benefited if a standard could be agreed upon, in which would be out-lined not only what is desirable to follow, but also the minimum that would be accepted in any school seeking recognition in the National Association. This would tend to stimulate the boards of directors of some hospitals where there is not a proper appreciation on the part of these boards, as to their responsibility towards the student nurses, in the education thy give in return for service rendered.

A letter of congratulation for the passing of the British Nurses' Registration Act was sent to Mrs. Bedford Fenwick, who replied as follows:—"Will you kindly convey to the Canadian Association of Nursing

Education our cordial thanks for their kind congratulations on the passing of the Nurses' Registration Act in the United Kingdom."

Recognizing the long years of faithful service rendered to the nursing profession by Miss Snively, of Toronto, Miss Nora Livingston, of Montreal, and Miss Stanley, of London, the executive committee recommend that they be made honorary members of the Canadian Association of Nursing Education, the matter to be ratified at this convention.

Our President, Miss Fairley, was appointed to represent the Association on the Red Cross Advisory Committee and at the Child Welfare Conference in Ottawa last fall. A report of these meetings has been given.

Miss Johns, of Vancouver, and Miss Mary Martin, of Winnipeg, attended the annual convention of the American League of Nursing Education, held in Kansas City this year. They reported very interesting and inspiring sessions. A great deal of time was spent on the discussion of university affiliation. It is gratifying to see the number of such applications increasing.

It has been reported that the shortage of nurses is not as acute as it was a year ago, and that the applicants have higher educational attainments. This probably applies chiefly to districts where the educational requirements have been a little below standard. Probably the worst potent factors in bringing about this condition is the raising of the preliminary educational requirements, the linking up of the schools of nursing with the university,—better living conditions and shorter hours of duty, which have been instituted in many cases. We find that the uneducated girl may enter the school where conditions are not the best, because her experience is not broad enough to cause her to demand more, but the kind of young women that we are really seeking as students have a sufficient number of other opportunities open to them that they will not choose to spend their time and energy where they feel conditions are not right.

The attitude of the people at large may be illustrated by a resolution drawn up by the National Council of Women, which is stated as follows:

> Whereas, after a careful survey of exisiting post-war conditions, and having in view the reconstruction period in relation to nursing problems;
>
> And Whereas the information received from the Hospital Training Schools using the eight-hour system shows that the health of the nurses is conserved, their ideals broadened, their patients receive better care, a more desirable class of probationers is more readily obtained, and a larger percentage reach graduation day;
>
> And Whereas we feel that the twelve-hour duty for any class of women impairs their usefulness and their health, and leaves them unfitted later to fulfil their natural functions of motherhood;
>
> Be It Therefore Resolved: That the National Council of Women endorse the eight-hour-day duty for pupil nurses in Hospital

Training Schools throughout the Dominion, and that representation be made to the proper authorities with a view to the inauguration of this system.

During the year the Department of Surveys and Exhibits of the Russell Sage Foundation, New York, in a course of study of health, education and publicity, sent out a comprehensive questionnaire to the different National Health Organizations of the United States. This association also received one, which was filled out, as far as the activities of the associations go, and returned to the Foundation.

The questionnaire offers many suggestions as to how publicity work can be carried on, and although, in an organization of this kind, many of the methods would be impracticable, yet they might be useful in local health organizations.

We probably, as a rule, do too little in the way of publicity, and are consequently somewhat responsible for lack of appreciation of the value of the work on the part of the public.

The Red Cross Society has shown its interest in this association by constantly sending literature regarding its work. An interesting little pamphlet describing the League of Red Cross Societies was recently received. We have also received copies of the *International Journal of Public Health,* which is exceedingly interesting.

Some time ago the readers of the *Canadian Nurse* will have noticed a series of articles on the teaching of the history of nursing. On inquiry, I found that a set of 150 slides and a reprint of the lectures could be obtained for $75.00 from Dr. Maude Abbott, McGill University. It would seem that, by the use of slides, the history of nursing could be made much more interesting and the subject would be more deeply impressed on the student's mind.

It would be quite possible for the provincial associations to obtain a complete outfit, which could be loaned out to the different schools, or rented at a nominal fee. In this way it would be possible for some of the small schools to benefit, who probably would not otherwise be able to do so.

In considering nursing education, I feel that one of the great important points to be kept in mind by the national organizations is, that their duty is to endeavor to raise the standard of nursing education in general throughout the country, and that, because of this, their greatest concern lies with the smaller schools which need their help more than the larger ones, which have less difficulty in obtaining things necessary for their progress.

All of which is respectfully submitted.

MABEL L. McNEEL,
Secretary, Canadian Association of Nursing Education.

THE CANADIAN ASSOCIATION OF NURSING EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
From 17th June, 1920, to 15th May, 1921.

RECEIPTS.

Cash in Bank June 17th, 1920	$217.68	
Annual Fees	357.00	
Bank Interest and Exchange	3.86	
		$578.54

DISBURSEMENTS.

Postage	$ 12.70	
Stenographer's Fees	7.47	
Printing, Stationery and Express	86.97	
Executive Travelling Expenses to Conventions	130.15	
Affiliation Fees	24.75	
		$262.04
Balance in Bank May 15th, 1921	$308.10	
Cash on hand	8.40	
		316.50
		$578.54

Miss Flaws, Convention, Port Arthur	$ 81.55
Miss Fairley, Hamilton to Ottawa (Child Welfare Conference)	48.60
	$130.15

FLORENCE J. POTTS, Treasurer.

The World's Pulse

(By ELIZABETH ROBINSON SCOVIL).

IMPROVING PRECIOUS STONES.

Experiments are being made with radium to improve the color of precious stones. Their richness of hue is due to impurities in the stone. Radium disintegrates these impurities and they spread through the gem, exchanging the color of the sapphire, ruby or topaz under treatment.

A GREAT RAILWAY INVENTION.

An Australian inventor named Angus has perfected an invention which, if it comes into general use, will prevent collisions on railways. Electricity, at amazingly low power, is conducted along the rails. A few miles of coil on the engine, about two inches above the track, makes

the contact. There is a small box of electrical fittings beside the boiler and a compact magnet under the hand of the engine driver. The moment the contact is broken by an accident, or the presence of another engine on the track, the engine stops. The other engine being similarly equipped, stops too. If the engineer fainted, the engine would stop automatically.

Reported Discovery of Cause of Cancer.

A German Scientist, Dr. Franz Kopsch, of Berlin University, announces that he has discovered the origin of cancer. It is said to be caused by a larva of the earth carried by angle-worms. These are eaten by a worm and when digested produce cancer. A New York Scientist says this larva might be transmitted to human beings through uncooked green foods. Investigations are now being made with a view to preventive measures.

An Erratic Moon.

A study of the late eclipse of the moon shows one satellite to be slightly off its proper path and twelve miles ahead of its schedule. The cause is thought to be some powerful unknown magnetic force.

Rapidity of Transmission.

It takes three-tenths of a second for a signal to pass over the 2,700 miles length of the Atlantic cable.

A Memorial To Our Dead.

Canada is erecting a magnificient memorial to our men who gave their lives for us in the Ypres salient. It is on Hill 62, overlooking the salient. The base is the impregnable wall of defence, and there are the defenders. One group shows "the breaking of the sword," the other, "the sympathy of Canada for the helpless." Above these are the mouths of guns, covered with olive and laurel. On the wall is an heroic figure of Canada brooding over the graves of her valient dead. The spirit of sacrifice is there, who, giving all, throws the torch to his comrade. Higher up are the figures of Peace, Justice, Truth and Knowledge, chanting the hymn of peace. Around them are the shields of Britain, Canada and France.

Undaunted.

Sarah Bernhardt appeared in drama in Paris on the evening of her 77th birthday. She retains her charm of manner and speech, and advanced age has not lessened her popularity. It will be remembered that she has undergone the amputation of a leg.

An Example of Generosity.

A wealthy American has given £5000 to the London Hospital as a thank offering for the success of blood transfusion, which enabled his wife to undergo an operation which saved her life. He promises that if

£10,000 are given to the hospital before Christmas, he will give an additional £5000. The money is to be used to equip a department for the study of diseases of women.

The Prince and Japan.

The Prince of Wales is studying Japanese preparatory to his visit to Japan during his tour in the far East.

The Flanders Poppy.

Earl Haig suggested that the British people should wear a poppy on Armistice Day, November 11th, "Remembrance Day." Australia, Canada and the United States have adopted it as the memorial flower.

A New Source of Fertility.

It has been discovered that straw can be converted into a fertilizer as valuable as the barn-yard product. Certain minute organisms under the straw digest it, as it were, and surround it with a sort of sticky jelly. To accomplish this the straw is twice moistened with water and treated with a cheap chemical solution.

C. A. M. C. Nursing Service Department.

For Armistice Day at Ottawa a temporary Cenotaph was erected on Parliament Hill. At each of the four corners of the Pylon stood members of a guard of honour representing the Nursing Service, the Navy, Army and Air Force.

Nursing Sister J. M. Williamson, M.M., was proxy for the C.A.M.C. Nursing Service. Her poise, much remarked upon, rivalled that of the famous Horse Guards at Whitehall. During the commemorative Ceremonies, which lasted well over an hour, Sister Williamson stood to attention without so much as blinking an eye-lash. A poppy wreath from the Overseas Nursing Sisters was placed by Matron V. Baudry, A.R.R.C.; the card attached read: "In loving loyalty to the memory of our brave dead"—"their glory dies not." This wreath (as that of last year) was purchased through a Gift Fund Account, made available to the Matron-in-Chief by the Overseas Nursing Service in 1919. An audit of the same will be rendered in these columns later.

Also present at the Commemorative Ceremonies were Matron-in-Chief Macdonald, Nursing Sisters Brankin, Hughes, Usher, and Staff Nurse Burritt of the Q.A.I.M.N.S. Reserve.

At Victoria, B.C., on Sunday, October 2nd, and amid a vast assemblage of citizens and visitors, there was consecrated an avenue of trees dedicated to the memory of all British Columbians who had given their lives in the service of the Empire in France and Flanders. The list includes four Nursing Sisters. The plan conceived is an avenue with a double border of plane and mountain ash trees planted alternately. This avenue will connect Mt. Pleasant park with the city.

Welcome and "Cheerio" to the Department which has made its dèbut in our midst. The private duty field is one of the most far-reaching arms of the profession and great things may be expected of its new and distinctly original venture. The development of the "top-hole" programmes laid down by the Committee will be eagerly followed. With such a powerful rival in the field, the C.A.M.C. Nursing Service must "buck up" and look after its own laurels.

Matron J. McG. Macdonald, R.R.C., and Nursing Sister T. Mowbray, R.R.C., are now located at Los Angeles, engaged in private duty nursing.

Nursing Sister Dell MacGregor has left the Ottawa branch of the V.O.N. to open a branch office at Belleville, Ont.

Nursing Sister A. L. Bradley, A.R.R.C., is visiting her home at Beech Grove, Quebec.

Nursing Sister L. N. Gray has accepted a position on the staff of the Contagious Disease Hospital, Philadelphia, Pa.

Nursing Sister Mary Moran is on special duty at the Battle Creek Sanitarium, Michigan.

Nursing Sister V. May Macdonald has been appointed director of Emergency on the Central Council, Canadian Red Cross Headquarters, Toronto. Her duties include organizing and co-ordinating the emergency plans of the different provinces.

Nursing Sister C. Latimer is taking the Public Health Nursing Course at McGill.

Attending the Public Health Nursing Studies at British Columbia University are Nursing Sisters A. Benvie and M. Thompson.

Nursing Sister McLean is in charge of the Operating Room, St. Luke's Hospital, Ottawa.

The marriage of Nursing Sister G. O. Donkin to Lieut.-Colonel J. Guy W. Johnson took place at Montreal on November 3rd.

Nursing Sister W. L. Danby Smith has recently opened a lingerie shop at Vancouver. Our best wishes attend the venture. Mrs. Danby Smith is well remembered for the innumerable courtesies and consideration extended to all whilst she was in charge of the Canadian Nurses' Club, Lancaster Gate.

Nursing Sister Blanche Emerson, of the Child Welfare Clinic, spent a pleasant holiday in Hamilton.

Nursing Sister M. E. Wilkin, of the Child Welfare Clinic, is holidaying in the East.

Nursing Sister E. M. MacDougall, formerly of the S.C.R. Staff, Edmonton, has resigned her position and, with Nursing Sister Auger, have taken over the hospital at Grande Prairie, Alberta.

Nursing Sister Blewett, of the S.C.R. Hospital, Edmonton, has been transferred to Vancouver, B.C.

The Canadian Nursing Sisters' Club, of Edmonton, held a very successful informal dance in the Memorial Hall, Edmonton, Sept. 23rd.

Dr. and Mrs. Wickware (nee Nursing Sister E. M. Armstrong) have returned to Ottawa from New York.

Miss Gertrude de Turbeville, who served Overseas with an American Unit, and latterly filled the appointment of Superintendent of Public Health Nursing, Alberta, has resigned her position and sailed for England.

The happiness and good-fortune so generously, graciously and frequently foreseen by Nursing Sister (Mrs.) Julia Hamilton in the tea-cups of her service friends, has apparently overtaken herself. Her marriage to Mr. S. Shephard took place at Victoria, B.C., November 9th, 1921.

Nursing Sister Rachael Morrison is nursing in Berkeley, Calif.

Nursing Sister Carrie Robson, who has lately returned from a trip to China, is at her home in New Westminster.

Nursing Sister M. M. Campbell is on duty at "Lyndhurst" Hospital, Toronto.

Nursing Sister W. Goodard, who has been on duty at Powell River, B.C., has gone to Los Angeles to visit her sister.

Nursing Sister L. MacDonald, A.R.R.C., is on duty at Camp Hill S.C.R. Hospital, Halifax.

Nursing Sisters E. M. Mosher and A. Benvie, who have been nursing in California for the past year, are taking the Public Health Course at the University of British Columbia.

Nursing Sister J. H. Davidson is on duty at Camp Hill S. C. R. Hospital, Halifax.

Hospitals and Nurses

NEW BRUNSWICK

St. John.

The first meeting of the season of the St. John Local Chapter of the N. B. Association of Graduate Nurses met in October at the home of Mrs. L. G. Dunlop, with a very large number of nurses present. Plans were made for the winter work. It was decided to hold a dance in November to augment the Stamers Memorial Fund.

At the recent drive in Bathurst, N.B., by the Ladies' Hospital Aid, $694 was realized for the J. H. Dunn Hospital.

The new Nurses' Home in connection with the Fisher Memorial Hospital, Woodstock, was formally opened on August 28th under the auspices of the Women's Institute and the Daughters of the Empire.

Miss McMasters, Superintendent of Moncton Hospital, is spending her vacation in New York.

Miss Mary Chiles Scott, Superintendent of General Public Hospital, St. John, has tendered her resignation.

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NOVA SCOTIA

Nova Scotia Graduate Nurses' Association.

Through the generosity of Dr. Maude Abbott, McGill, over one hundred of her wonderful slides on the "History of Nursing" were exhibited at an evening entertainment, Dr. Franklin Rogers kindly acting as demonstrator. Proceeds of this entertainment will be devoted to the War Memorial Fund.

The annual meeting of the Nova Scotia Graduate Nurses' Association was held October 12th, Miss Catherine Graham presiding. As delegate to the Convention in Quebec, Miss Graham submitted a most interesting description of the proceedings at Quebec, with full reports of work done there. A letter was read from Sister Ignatius, of St. Joseph's Hospital, Glace Bay, urging the members to persevere in their efforts to get provincial registration.

Miss Watson, of Yarmouth, and Miss M. McKenzie, both spoke of the necessity of rural communities being kept informed of nursing progress in Halifax. The business session closed with a vote of thanks to the retiring officers. Miss Graham, who has given two full terms of service in the presidential chair, was made an honorary president.

QUEBEC

Montreal General Hospital.

Miss Ferrol Armstrong (1920) has taken a position in the Trudeau Sanitarium, Saranac Lake, N.Y.

Miss Scarlett (1916) has resigned her position as office nurse for Dr. Powell, and has gone to New York. She is succeeded by Miss Tedford (1895).

Miss M. Armstrong (1904) is taking the course in Public Health Nursing at McGill University, as is also Mrs. Jenson (1906).

Miss Louisa Parker (1903) has been appointed Instructor of Home Nursing at the Central Y.W.C.A., Montreal.

Mr. and Mrs. McKerras were amongst those who were in Montreal for the McGill Centenary. Mrs. McKerras was Miss Alice Law (1908), and has been living in California.

Women's Hospital.

Dr. and Mrs. Edwards represented the Women's Hospital at the A. M. H. Conference held at West Baden, Ind.

The graduating exercises of the hospital took place October 14th, 1921, when Misses LeDrew, Jensen, Margaret Brown and Katharine Morrison were awarded diplomas and medals. Dr. Reddy, after an interesting address, presented the diplomas, and Miss Trench, the Lady Superintendent, awarded the class pins. The reception room was prettily decorated with flowers and plants, the gifts of the graduates. After the exercises, dancing and cards were indulged in, refreshments were served later, and the evening broke up very pleasantly. All present were pleased to have Miss Trench with them again after her three months' holiday in England and the Continent.

Miss Francis is home again after a year in Florida.

During the absence of Miss Trench, Miss Edwards held the position of acting superintendent, with Miss Coffee and Mrs. Jones as assistants.

Quebec.

A most interesting survey of the hospitals with training schools connected with general hospitals in the province, exclusive of those in the city of Montreal, was held recently, under the auspices of the Association of Registered Nurses for the Province of Quebec. Eleven institutions were visited, three English and eight French, and everywhere the visitor was received with every courtesy.

The educational standards were found to vary in the English schools. The standard in the French schools is low, probably the equivalent of a grammar school education, but as the gradings in the separate schools are different to the public schools of the Province, it is difficult to make comparisons. The following suggestions

were given at the end of the report given to the association. A suggested curriculum, prepared to meet minimum requirements, a systematic method of keeping records, both in theoretical instruction and practical experience for each student. More uniform instruction in practical procedure in the French schools, shorter hours of ward duty, with more time for study and recreation. The Quebec provincial association shows steady growth; 1,200 nurses are registered in that province to date.

Montreal

The 1921-1922 class of the School for Graduate Nurses, McGill University, has a membership of 21, three in the Administration, ten in Teachers', and eight in the Public Health Nursing courses. The full attendance at the first meeting of the class, held October 7th, bore witness of the great enthusiasm felt by all. Miss Gertrude Spanner (Sick Children's Hospital, Toronto) was elected president of the class. Miss Spanner will be assisted by the Vice-President, Miss Jean Wilson (Lady Stanley Hospital, Ottawa) and Miss Frances Reed (Montreal General Hospital) as Secretary-Treasurer.

Royal Victoria Hospital.

The first meeting of the A. A. was held October 19th, in the nurses' home, and welcomed Miss Goodhue, who has just returned from a delightful visit to the Old Country and Belgium. While in England she met several graduates, including Mrs. Hamilton (Miss Sara Chisholm, 1914), Mrs. Colchester (Miss H. L. Colchester, 1903), Miss Cooper (1896), and Mrs. Farmer (Dorothy Sanderson (1916).

Miss Sara Mathewson (1917), who has been for several years on the staff of the City Hospital, Sydney, is now employed by the Steel Company at their Emergency Hospital, Sydney, C.B.

R. V. H. Graduates taking the courses at McGill this year are Misses Muriel Stewart (1915) and Myrtle Ross (1919), Public Health Nursing; and Miss Grace Martin, who is taking the course for Instructors.

Miss Irene Jackson (1919) is taking a course in X-Ray work in New York.

Miss Stella Orr (1917) has taken a position at the Corey Hiell Hospital, Brookline, Mass.

Mrs. J. J. MacArthur, Scotland (Miss Barbara Lamont, 1899) is visiting her mother in Montreal.

Miss Barbara Campbell (1919) is in charge of Ward G, and Miss Elsie Alder (1921) of Ward D.

Among the R. V. G. graduates who were present at the McGill centenary were Mrs. Dwight Stoughton (Aileen Otty, 1918) and Mrs. Harry Morse, Halifax (Miss Tena Scott, 1917).

ONTARIO

St. Joseph's Hospital, London.

At the October meeting a most interesting address on "Pain and the Nervous System" was given by Dr. Stuart Fisher.

The laying of the corner stone of the War Memorial Hospital by the Lieut.-Governor was a most impressive event. This was the first official visit of His Honor and Mrs. Cockshutt to London, and they received a most hearty welcome. The Men's Canadian Club tendered a luncheon to His Honor, and the Municipal Chapter of the I.O.D.E. gave one at the Hunt Club for Mrs. Cockshutt, after which the stone was laid with appropriate ceremonies. The Colonel and Mrs. Cockshutt, with those immediately connected with the afternoon's event, were invited to a reception and tea at the Nurses' Home, Victoria Hospital, where Miss Ross, Superintendent of Nurses, Mrs. W. M. Gartshore and Miss McKay welcomed the guests. Assisting in the tea-room were a number of staff nurses, who did much to make the afternoon pleasant.

Victoria Hospital, London.

Theosophy as the bridge between science and religion was made the subject of a brilliant address given to the Alumnae Association by Mrs. (Dr). R. W. Shaw, in which she summed up the leading points of that belief.

The question of a Central Registry was discussed, but no decision could be reached till the opinion of the Alumnae of St. Joseph's Hospital had been received. Dr. Lewellys F. Barker, physician-in-chief at Johns Hopkins Hospital, Baltimore, gave a most interesting address to a large gathering of doctors, nurses and medical students at the Western Ontario Academy of Medicine, in which he showed the tremendous importance of heredity in diagnosing and treating his patients.

Miss Hall, Brantford General Hospital, was a welcome visitor in London at the laying of the corner stone of the War Memorial Hospital for Children, and was also a guest at the luncheon given in honor of Mrs. Cockshutt by the Municipal Chapter of the I.O.D.E.

Kingston.

The September meeting of the K.G.H.A.A. was held at the Home with 15 in attendance. After the usual routine business, refreshments were served by Miss Carey, Superintendent of Nurses, and her staff. $78.00 was recently spent by the Alumnae on linen for the Nurses' home.

Miss M. Watts and Miss Daisy McNamee (K.G.H., 1919) have left to do post-graduate work in the hospitals of New York.

N. S. Hinchey (1910), late of the Sir Sandford Fleming Hospital, Ottawa, is now Matron of the Mowat Sanitarium, Kingston, Ontario.

Misses Coon and Gilroy have left for New York, and Miss Brouse for Vancouver, where they will spend the next few months.

Guelph.

Dr. B. Sinner, for thirty-three years connected with the Guelph

General Hospital, has returned to his old home in Lucerne, Switzerland. Prior to his departure, the graduates presented him with an address and a sum of money, expressing in this way their great appreciation of his many kindnesses.

The many friends of Mrs. Douglas (Margaret Walker) will sympathize with her in the loss of her daughter, Mrs. Williamson, Yorkton, Sask., on September 26th.

St. Catharines.

Miss Alvina Cressman (G. & M. Hospital) has accepted the position of Assistant School Nurse at Kitchener, Ont.

Miss Caroline Freel (G. & M. Hospital) has been appointed Assistant Superintendent of the school.

On September 2nd the A. A. held their annual meeting. After the routine business, officers were elected for the year, and refreshments were served in the dining room of the Residence on the adjournment of the meeting. Mrs. Parnell, in a few well-chosen remarks, thanked Miss Uren for her kindness to the Association during the year and presented her with a basket of flowers.

Toronto.

The Women's Hospital—Miss G. L. Ament (1919) has been appointed Night Supervisor at the Clifton Springs Sanitarium, N.Y.

Miss Hilda Santenberg (1919) has accepted the position of Instructress of Nurses at the Nicholls Memorial Hospital, Peterboro, Ont.

Miss J. Neame (1919) has been appointed to the staff of the Harper Hospital, Detroit, Mich.

Hamilton

The Alumnae Association of Hamilton General Hospital held a card party on November 5th, in the Rose Room of the Arcade, in aid of the Library Fund for the new residence which is under construction. It was most successful, and the Association plans to hold a bazaar on December 2nd for the same fund.

The annual fee for the A. A. will be increased to include subscription to the *Canadian Nurse* magazine. This is to be an experiment for one year, and, if it does not prove successful, it will be discontinued at the end of the year.

Sarnia.

Officers of the C.N.A. of Sarnia are:—President, Miss Esther Nesbitt; Vice-President, Mrs. Clara Sharpe; Secretary-Treasurer, Miss May Parker, 169 N. College Avenue, Sarnia; Social Committee—Miss J. Bolton, Miss E. Connelly, Miss Grace Tuck.

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MANITOBA

Winnipeg General Hospital.

Miss D. K. Anderson (1918) has accepted a position as assistant superintendent of nurses at North Bay Hospital, Ontario.

Miss Eva Simpson (1920) is on the staff at Lashburn, Sask.

Miss Overend (1917) has resigned as superintendent at Lashburn, and is to be succeeded by Miss L. Russell (1917).

The following members of the Alumnae are engaged in missionary work and have recently left for the field of their labors: Miss Grace Bedford (1920) sailed on September 11th for China, with Miss Straith (1919) and Miss Irene Harris, while Miss Nesbett (1919) left in August for the same destination.

Brandon.

The G.N.A. of Brandon opened the year's activities with a sale of work at the home of its president, Mrs. J. S. Pierce, and $500 was added to the funds for the Diet Kitchen at the new hospital. Three members of the association are responsible each meeting for a paper on a subject interesting to all the nursing world. The social committee is a very active one, and their first effort for the year was a shower given to Miss Clara Calder, who married Mr. Boake, of Nesbit, in September.

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SASKATCHEWAN

Saskatoon.

Miss Edith F. Macey, R.N., graduate of the Winnipeg General Hospital, 1908, and post-graduate of the Cook County Hospital, Chicago, has been appointed Instructor of Nurses in the City Hospital. Miss Macey was well known to Saskatchewan nurses before going Overseas as the Superintendent of the Maple Creek Hospital; she was also for a time in charge of the Royal Inland Hospital, Kamloops, B.C., and recently has been in charge of the Union Hospital, Eston. After three years' service in France, Miss Macey, on her return to Canada, spent a year with the Manitoba Board of Health. The Board of Governors are to be congratulated upon securing the services of such an experienced nurse as instructor. Miss Macey commenced her duties on October 1st.

Miss Margaret Hood has resumed her duties as Assistant Superintendent of the City Hospital, having just returned from a two months' vacation with friends in North Dakota.

Miss Eva Kidd, who has been relieving as Assistant Superintendent of the City Hospital, has returned to her home in Zealandia, and expects to leave shortly for Ontario.

Miss Louise Noble, who has been engaged in private nurse duty in the city, has accepted the position of resident nurse in Brandon college, Brandon, Manitoba.

Doctor and Mrs. Charles Tindal (nee Katherine Mackintosh, S.C.H., 1918), and Miss Dorothy Harris (S.C.H., 1918) motored from Yuma, Arizona, and spent a month visiting friends in Saskatoon and vicinity. Miss Harris is on the staff of the Yuma Hosptal. Miss Hilda Harris (S.C.H., 1920) returned South with them.

Mrs. Archibald Maclean (Nursing Sister Joyce T. Wishart), of Lloydminster, has been visiting friends in the city.

On September 30th the Sisters of Charity of St. Paul's Hospital held their graduating exercises in the auditorium of St. Paul's Church. The hall was tastefully decorated with gold and red, the school colors, and across the platform hung the significant motto of the institution, "The Best Doing of the Least Thing." Banks of palms proved an effective back-ground for the group of white-uniformed nurses, nine of whom, from a class of fourteen, were present to receive their diplomas.

As chairman, Dr. R. H. MacDonald explained that, of the five absent graduates, four had already accepted and gone to fill positions in Saskatchewan hospitals, and one was unable to be present owing to illness. Before introducing the other speakers, Dr. MacDonald congratulated the class upon its high attainments. With the chairman on the platform were His Worship Mayor Young, Dr. Walter C. Murray, President of Saskatchewan University, Rev. Father D. J. O'Sullivan, and Mr. B. D. Macdonald, all of whom gave brief addresses. "Do what you can," Dr. Young said, "for the good of public health. You have the traditions of your profession and the traditions of this institution, which are both worthy of your highest efforts." After congratulations, he presented the diplomas, tied with the school colors, and the Reverend Sister Superior pinned on the school pins.

The graduates were:—Isabelle M. Devlin, Borgild E. Loken, May M J. Bond, G. J. Adelaide Cleator, Alice M. Stoker, Margaret A. Turner, Dorothy Loeppky, Louise Eus, Philoment M. St. Dennis, Margaret C. Campbell, Josephine M. Hennessey, Muriel E. McKellar, and Mary G. Walsh.

The Class of 1922 formed a charming escort for the graduates, and presented the great quantity of flowers sent by the friends of the graduating class.

Regina.

On Thursday evening, October 6th, the members of the local branch of the Saskatchewan Registered Nurses' Association were "At Home" informally in the Nurses' Home of the Regina General Hospital, to welcome the 1921 graduates of the Grey Nuns' and Regina General Hospitals, and also to give the nurses an opportunity of meeting Miss Garrow, the newly appointed Lady Superintendent of the Regina General Hospital. Musical numbers were given by the friends of the nurses, and in the tastefully decorated tea-room Mrs. W. A. Thomson and Mrs. W.

M. Van Valkenburg, former Lady Superintendents of the Regina General Hospital, presided at the tea table.

Miss Effie Fumerton (R.G.H., 1919) has figured as the "raison d'etre" of a number of interesting "showers." Dame Rumor has not vouchsafed any further details as yet.

SASKATCHEWAN SANITARIUM.

Miss M. Montgomery, Lady Superintendent, left on October 14th for a well-earned holiday.

Mrs. Kristine Thomson (B.G.H., 1915), formerly of the staff of the King George Hospital, Winnipeg, has accepted a position on the Sanitarium staff.

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ALBERTA

The annual meeting of the Alberta Association of Registered Nurses, with a joint meeting with the Alberta Hospital Association, was held November 8-11, in the University of Alberta, Edmonton, and in the First Presbyterian Church in the same city. A very full programme was arranged, combining papers of great interest with Round Table Conferences and demonstrations in Vocational Therapy, Massage, Electro-Therapy, of commercial exhibits and of hospital equipment. His Honor, the Lieutenant-Governor, R. G. Brett, M.D., presided at the public meeting, when an address on "Post-Graduate Nursing Studies in European Hospitals" was given by Miss Jean Browne, R.N.

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BRITISH COLUMBIA.

NEW WESTMINSTER.

Miss Frances Mason, R.N., a graduate of the Royal Columbian Hospital, New Westminster, who has been taking a post-graduate course in surgery at the Lane Hospital, San Francisco, has accepted a position in that institution as nurses' instructor in the operating room.

Miss M. Little, who has been on an extended visit in the east, has returned to her home.

Miss Ethel Johnstone (St. Boniface Hospital, 1918) has accepted the position of Night Supervisor in the Royal Columbian Hospital.

Miss Grace Taylor and Miss Cope, who have been taking post-graduate courses in the Lane Hospital, San Francisco, have accepted positions in the operating room and maternity departments of that hospital.

Miss Marion Frame has returned to the R.C.H. Hospital, after holidays spent in Seattle.

MERRITT.

Early in October, Hospital Donation Day brought a host of friends of the Nicola Valley General Hospital to the inspection of the hospital, ending with a delightful reception in the Nurses' Home. In the evening a progressive whist drive was held, which enabled the men of the town to do their part towards contributing to the support of their hospital. The affairs were financially a great success and showed a splendid interest taken by the towns-people in their hospital, and an acknowledgment by them of the work done by Miss Stinson and her staff.

The first meeting of the Vancouver General Hospital A. A. was held November 14th at the Nurses' residence, with Miss Marion Currie, president, in the chair. Plans for the winter's work were discussed and hopes expressed that the interest taken by the V.G.H. graduates would be greater than for the past few years. A splendid musical programme was enjoyed by all, followed by refreshments and a social hour.

"THE VIRGIN STILLS THE CRYING."

The Virgin stills the crying
Of Jesus, sleepless lying;
And singing for His pleasure
Thus calls upon her treasure:
"My darling, do not weep,
My Jesu, sleep!"

O lamb, my love inviting,
O Star, my soul delighting,
O Flower of mine own bearing,
O Jewel past comparing!
"My darling, do not weep,
My Jesu, sleep!"

My Child, of Might indwelling,
My Sweet, all sweets excelling,
O Bliss, the Fountain flowing,
The Dayspring, ever glowing,
"My darling, do not weep,
My Jesu, sleep!"

Barnby.

BIRTHS

ELLIOTT—At Midland, Ont., August 25th, 1921, to Mr. and Mrs. Thos. Elliott (Olive Anderson, K.G.H., 1919), a son.

FARLINGER—On October 1st, 1921, at New Liskeard, Que., to Dr. and Mrs. A. C. Farlinger (Sara McCorquodale, R.V.H., 1919), a son.

FRANK—At St. Joseph's Hospital, Sudbury, Ont., May, 1921, to Mr. and Mrs. J. B. Frank (Miss Violet Pomfrey, Riverdale Isolation Hospital, 1918, Toronto), a son.

GRAHAM—At Ottawa, September 4th, 1921, to Mr. and Mrs. Harper Graham (Nursing Sister Ada V. Gillespie, Kingston General Hospital, 1916), a son (stillborn).

TAYLOR—At the Ottawa Maternity Hospital, September 25th, 1921, to Mr. and Mrs. Leonard H. Taylor (Nursing Sister Ruth E. Dawn, T.G.H., 1909), a son.

LEWIS—In London, England, September 25th, 1921, to Mr. and Mrs. Charles E. Lewis, a daughter. Mrs. Lewis (Ray McLeish) is a graduate of the Vancouver General Hospital.

REID—To Mr. and Mrs. David Reid, in October, a daughter. Mrs. Reid was Julia Peters (G.P.H., 1914).

MERCER—To Mr. and Mrs. Henry Mercer, on August 31st, a daughter. Mrs. Mercer was Miss Annie Day (G.P.H., 1917).

MARRIAGES

REDMOND-DULMADGE—On September 6th, 1921, at St. Andrew's Church, Westmount, Que., Catherine A. Dulmadge (M.G.H., 1920), to Mr. William M. Redmond, of Montreal.

TELFORD-LOMER—On October 7th, 1921, at Christ Church Cathedral, Montreal, Elise M. Lomer (M.G.H., 1919), to Mr. Wallace Telford, of Montreal.

NEIL-MOON—At Godfrey, Ont., October, 1921, Ethel Moon (Kingston General Hospital, 1915), to Elmer Neil. Mr. and Mrs. Neil will reside in Niagara Falls, Ont.

BURRY-SHEFFIELD—At Lansdowne, Ont., September 14th, 1921, Lorena Sheffield (K.G.H., 1919), to Rev. John Burry. Mr. and Mrs. Burry will reside in Monteith, Ont.

KILBURN-MCEACHREN—At Renfrew, Ont., October 6th, 1921, Mrs. Alice McEachren (K.C.G., 1908), to Mr. E. Kilburn. They will reside in Renfrew, Ont.

BLAKELEY-FERGUSON—At Montreal, September 21st, 1921, Mary Ferguson (R.V..H, 1918), to Mr. Lester Blakney. They will reside in Truro, N. S.

ADAMS-ROBERTSON—At Toronto, June, 1921, Seaborn Robertson (R.V.H., 1915), to Mr. Robert Medd Adams.

WITHERS-DUFF—At St. John's Church, Toronto, on September 17th, 1921, Janet May Duff (General Hospital, St. Catharines), to Dr. Herbert Withers, Virginia. Dr. and Mrs. Withers will reside in Grenville, Vir.

THOMPSON-MORNINGSTAR—At Toronto, June 15th, 1921, Miss Lillian Mae Morningstar (Riverdale Isolation Hospital, 1917, Toronto), to Mr. Henry Walter Thompson, Toronto.

WEATHERBE-SCHOALES—At St. Paul's Anglican Church, Toronto, Ont., June 20th, 1921, Miss Frances Marion Schoales (Riverdale Isolation Hospital, 1915, Toronto), to Mr. Roy Weatherbe, Toronto.

SCULLION-GRATTON—At St. Catharines, Ont., July, 1921, Kathleen Gratton (graduate of the Women's Hospital, Toronto, 1918), to Mr. Ralph Hilton Scullion.

LOCKHART-KENNEDY—At Trinity Lutheran Church, Hamilton, Ont., Jean Annette Kennedy (Hamilton General Hospital, 1920), to George Clarence Lockhart, of Windsor, Ont.

DEMERCHANT-KEE—At St. John, in August, Ethel E. Kee (G.P.H., 1919), to Oscar DeMerchant.

CHISHOLM-BURK—In Boston, Mass., Alice E. Burk (G.P.H., 1919), to Charles Chisholm.

DEATHS

HUDSON—At Moose Jaw, Sask., Mrs. Hudson (Miss Galbraith, Kingston General Hospital, 1912), wife of Dr. Hudson, Moose Jaw, Sask. The sympathy of the K.G.H.A.A. is extended to the bereaved family.

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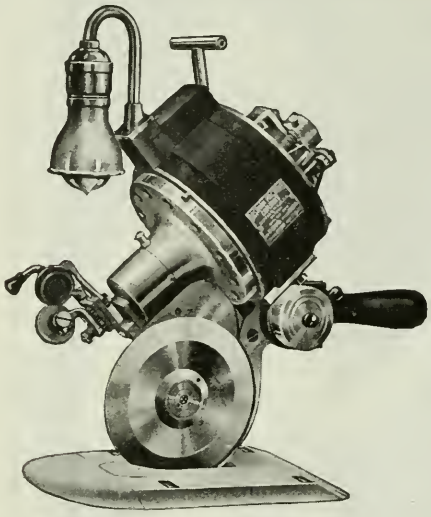

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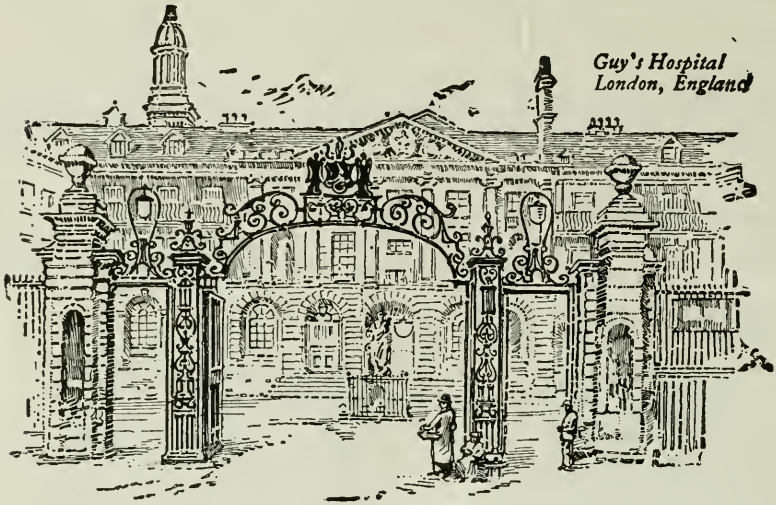
Regular Meeting—First Tuesday, 4 p.m.



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